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## NARRATIVE REPORT SAN FRANCISCO CHILDHOOD LEAD PREVENTION PROGRAM

Program Name: Childhood Lead Prevention Program  
Project Number H64/CCh907988-02

Period Ending: December 31, 1993

DOCUMENTS DEPT.

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### PROGRAM OVERVIEW

#### HIGHLIGHTS

##### Screening in the Mission District

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Childhood Lead Prevention Program was engaged in many lead poisoning prevention activities during this year and community-based screening concluded in testing over 450 children within the project's target area above our initial objective of 350 children. Analysis of graphics, and access to health services is underway. That approximately one child in ten tested had blood lead levels above the frequency of elevated blood lead levels increased to ten tested only through door-to-door outreach. This was achieved at daycare centers, special events, and public information and experience Childhood Lead Prevention gained in the target area will serve as the foundation on which other San Francisco neighborhoods will be designed and

door-to-door screening, staff noted a sharp increase in children with elevated blood lead levels, and the blood lead program has requested additional funding from CDC to the neighborhood. This extension will allow us to determine

significance of these findings.

##### Lead in Water at Geneva Towers: South San Francisco

The Department of Housing and Urban Development (HUD) contracted an environmental consulting firm to analyze the water service at the Geneva Towers housing project. The Towers are two 19-story structures, housing approximately 100 HUD-eligible occupants. The complex lies in the southern portion of the city, outside the project's target area. The consultant's report to HUD indicated high



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## I. PROGRAM OVERVIEW

### A. HIGHLIGHTS

#### Screening in the Mission District

The San Francisco Childhood Lead Prevention Program was engaged in many challenging and high-profile lead poisoning prevention activities during this reporting period. Door-to-door and community-based screening concluded in November, after successfully testing over 450 children within the project's target area. This number was well above our initial objective of 350 children. Analysis of child blood lead levels, demographics, and access to health services is underway. Preliminary findings indicate that approximately one child in ten tested had blood lead levels above 10  $\mu\text{g}/\text{dL}$ . The frequency of elevated blood lead levels increased to approximately 12% for children tested only through door-to-door outreach. This analysis excludes children tested at daycare centers, special events, and public housing facilities. The information and experience Childhood Lead Prevention Program (CLPP) staff has obtained in the target area will serve as the foundation on which screening projects in other San Francisco neighborhoods will be designed and implemented.

During the last week of door-to-door screening, staff noted a sharp increase in both the proportion of children with elevated blood lead levels, and the blood lead levels themselves. The Program has requested additional funding from CDC to extend screening in this neighborhood. This extension will allow us to determine the significance of these findings.

#### Lead in Water at Geneva Towers: South San Francisco

The Department of Housing and Urban Development (HUD) contracted an environmental consulting firm to analyze the water service at the Geneva Towers housing project. The Towers are two 19-story structures, housing approximately 1,000 HUD-eligible occupants. The complex lies in the southern portion of the city, outside the project's target area. The consultant's report to HUD indicated high





levels of lead in first-draw water samples. The majority of samples were taken from unoccupied units where water had been standing for long periods of time. The water's lead content in these units ran as high as 2800 µg/L.

Mr. Art Agnos, HUD's Regional Administrator, and former Mayor of San Francisco, immediately notified tenants of the apparent hazard. HUD arranged for bottled water to be provided to all residents. HUD also reported that a lead paint survey conducted by another consulting firm found no lead-based paint in the buildings, as the structure was constructed in the mid-1960's. A press release attracted extensive media attention to the issue. Mr. Agnos then requested assistance from the San Francisco Department of Public Health. A meeting was held, and an action plan developed.

The Department of Public Health committed the CLPP to conduct a special screening program for Geneva Tower residents. By this time, tenant representatives had already held several meetings. Residents were very anxious that they might have been exposed to high levels of lead in their drinking water. The Department also decided to conduct a water analysis to confirm the consultant's findings.

CLPP staff coordinated extensive tenant outreach with Geneva Towers' management to notify tenants of screening dates, time, and location. Particular emphasis was placed on the need to test children under six years of age. Staff organized two, two-day screenings in November and December. Tests were provided on-site, using a similar approach to that used in the target area. Television and newspaper coverage was limited to one day to control the chaos surrounding the event.

Some 232 tenants participated in the screening, with 225 tested. Although the effort targeted young children, testing was provided to any tenant who requested it. This helped to prevent confrontations, and to alleviate the anxiety felt by many residents. The screening results were both surprising and gratifying. The highest blood lead level found was 11µg/dL, in a 60-year-old male. Some 205 of the 225 persons tested had blood lead levels ≤5µg/dL. The water analysis conducted by the San Francisco Department of Public Health, Bureau of Environmental Health Services and the Water Department, showed no water lead levels in excess of the EPA action level of 5 µg/L within the occupied units.

The blood lead results contrast sharply with those found through door-to-door outreach in the Mission District. The low lead levels at Geneva Towers may be explained by the negative findings of excessive lead in the water in occupied units, as well as by the absence of lead-based paint within the facility (Attachment 1).

#### Child Care Center Survey

Under a Memorandum of Understanding with the Mayor's Office of Community Development, the Industrial Hygienist surveyed targeted child care



centers for potential lead exposure hazards. During this period, Community Health Workers conducted educational presentations at five facilities in the CDC target area, including four Head Start sites and the Holy Family Day Home.

#### **B. Personnel**

There were no personnel changes during this reporting period.

#### **C. Policy and Legislation**

The CLPP's Industrial Hygienist worked with the Department of City Planning to analyze demographic data for five planning districts in low-income areas of San Francisco. The Program will use this data to select future target areas, as well as to identify each area's specific needs.

The CLPP Industrial Hygienist and Program Coordinator attended the first Lead Hazard Reduction Citizens Advisory Committee on December 27, 1993. This committee is composed of health, business, government, real estate, and building interests, as well as contractors, parents, etc. The committee's charge is to develop specific lead hazard reduction requirements to be incorporated into the San Francisco Lead Ordinance.

The Industrial Hygienist prepared a workbook and guidelines for case response mandates. This document will serve as the committee's starting point as it begins to develop lead hazard reduction regulations for the City and County of San Francisco.

#### **D. Issues of Concern**

The CLPP has successfully resolved the problems that have plagued the Child Health and Disability Prevention Program (CHDP) in reporting and reimbursement of child blood lead tests. As noted in previous reports, many physicians were not receiving blood lead test results, and patients were sometimes charged for a test that should have been free. The Program's Public Health Nurse developed a simplified blood lead screening format and presented the document at a meeting of the San Francisco Health Department's Medical Officers. The presentation was extremely well received by this physician group who expressed their gratitude for her efforts.

The CLPP is making arrangements to present this revised procedure to key staff at each district clinic. This new procedure should remove a major barrier to clinics conducting blood lead screening as part of routine physical examinations of young children. Now that the reimbursement process has been streamlined, San Francisco General Hospital's Metals Laboratory, operated by Dr. John Osterloh, is prepared to perform blood lead analyses. The District Health Officers are pleased that this revised procedure will also address the reporting problems which had forced suspension of lead screening at district clinics.





## II. DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS SAN FRANCISCO

### OBJECTIVE 1A: Public Information

Reach 50% of target area residents with information about lead hazards, prevention, and child blood-lead testing.

During this reporting period, the Program's community outreach activities reached at least 1,047 parents/guardians and other adults through on-site presentations. The presentations included preventing lead exposure in young children, lead's physiological effects, and the availability of child screening services. Community Health Workers' conducted presentations at child care centers, community agencies, health clinics, and adult education classes. They also developed and distributed educational materials, and wrote and presented a slide presentation to the adult education classes.

The following is a synopsis of this quarter's public information outreach achievements:

**Day Care Centers:** Community Health Workers provided lead education presentations to parents of children attending Head Start, State-licensed pre-schools, San Francisco Unified School District programs, and a church center. Community Health Workers reached 208 parents/guardians through fourteen presentations.

**Community Groups:** CLPP staff provided lead education to 73 parents at a church agency, and a non-profit organization for women.

**Clinic Outreach:** Four clinic presentations were conducted for a total of 99 parents at the Mission Neighborhood Health Center, and St. Luke's Women, Infant and Children's (WIC) clinic.

**Adult Education:** Project staff conducted presentations on "How to Prevent Lead in Children" at the Mission Community College, English as a Second Language Adult Program. Presentations were provided to 24 classes, and reached 645 students. As part of the presentations, the Community Health Worker also gave information about CHDP, WIC, immunizations, and how to test ceramics for lead. An evaluation tool was used in each class, and a Lead Poisoning Prevention T-shirt raffle helped stimulate participants' interest.



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**Printed Materials:** Staff distributed over 7,000 handouts, fliers and lead education articles at 46 community presentations, and door-to-door special projects. A flier entitled "Why Test Your Child for Lead" (Attachment 2) and a slide presentation script were developed and utilized.

**Promotional Items:** A 3' x 5' all-weather banner and promotional T-shirt were developed. Both feature the program's logo which depicts a child painting the name of our program in Spanish.

**Media Coverage:** During this quarter, the Program received overwhelming media attention, including coverage by seven television stations, two newspapers, and three radio stations (Attachment 3). The Spanish-language media were also very responsive to the Program. The CLPP was featured in the Mission Life Newsletter, a neighborhood publication serving the Inner Mission community. The coverage highlighted the community-based screening activities. This exposure was instrumental in increasing public awareness of childhood lead poisoning prevention. Thousands of people were reached who otherwise would not have received this information.

#### **OBJECTIVE 1B: Professional Education**

**Strengthen health professionals' awareness of and support for lead poisoning prevention by educating at least 50% of health professionals serving the target area.**

In an interagency collaboration, the Public Health Nurse (PHN) was invited to provide a slide presentation to mothers at the San Francisco Children's Council. The PHN spent two hours educating staff and key personnel on lead exposure hazards. A strong connection was established between the CLPP and the Children's Council.

In an effort to establish routine blood lead screening at all Health Department-operated clinics, the San Francisco CLPP collaborated closely with the Director of Public Health, the Health Officer, and the District Medical Officers to resolve CHDP billing and reporting problems. This important program effort was addressed previously in this report. A protocol breakthrough was achieved through extensive coordination with key medical and administrative personnel in both the Department's administrative headquarters, and at San Francisco General Hospital. Staff will take follow-up action to assist in the implementation of routine screening at these sites.

The Industrial Hygienist sent an information packet to all Department of Public Health nurses. This packet describes current in-place lead hazard management techniques, and includes the 10-Step Prevention Packet developed by the CLPP (Attachment 4).





CLPP staff conducted an orientation for the Department's Consultation, Education and Information Unit (CE&I). This unit serves as a resource center, offering the community parenting and mental health services. A Community Health Worker was later invited to conduct a training program on lead for staff who work with the elderly. An audience of 35 elderly Filipino and African Americans attended this 90-minute presentation.

The San Francisco CLPP is establishing an MD resource network. This network includes local physicians with special expertise in lead, such as Dr. John Osterloh, researcher and teaching physician at the University of California at San Francisco (UCSF); Dr. Michael Kosnett, a lead researcher and adult occupational health expert at San Francisco General Hospital (SFGH); Dr. David Tejeda, Director of Pediatrics at California Pacific Medical Center, and California Children's Services (CCS) lead-treatment specialist; Dr. Marion Koerper, UCSF pediatric hematologist; Dr. Sylvia Villareal, SFGH Pediatric Clinic Director, and CCS lead treatment specialist; and Dr. Henry Richanbach, CHDP medical consultant.

The development of this medical expert network provides the CLPP with a highly supportive resource. We can consult with these physicians when issues arise requiring informed medical expertise. The CLPP invited Dr. Tejeda, for example, to make a presentation for the Lead Poisoning Prevention Advisory Committee. These relationships were further strengthened through consultation at the Geneva Towers screening project.

The program continues to collaborate with the Coalition to Prevent Lead Poisoning and People Organized to Demand Environmental Rights (PODER). PODER invited the Program Coordinator and Public Health Nurse to a meeting with some of their members, where eight lead hazard-related proposals were presented. A follow-up meeting was arranged between PODER, CLPP and the San Francisco Director of Public Health where the proposals were reviewed with a representative of the City Attorney's Office.

## **OBJECTIVE 2: Door-to-Door & Community-Based Screening**

Using door-to-door outreach and special events, test at least 350 Mission District children at risk of lead poisoning.

The San Francisco Childhood Lead Prevention Program completed the door-to-door screening effort in the target area. November 18 marked the successful completion of this labor-intensive four-month endeavor (Attachment 5). During this quarter, 183 children were tested, bringing the total number of children tested to 465. During this same period, over 180 parents were referred to CHDP, dental care, and other health services. Counseling was provided to 461 individuals on the importance of childhood lead screening and the dangers of lead exposure. Some 750 fliers were distributed explaining the importance of child screening.





The media devoted extensive coverage to the door-to-door testing project. This coverage was invaluable in reaching thousands of parents with information about lead. By the end of the screening activity, the CLPP program had become very well known to the community. Many parents referred the Community Health Workers to neighboring families with children in the target age group. Project staff developed a positive reputation which made screening outreach progressively easier. For example, one parent encountered through the door-to-door effort was a Head Start teacher eager to set up a screening for the children at her center. The screening was organized. At the Head Start screening Community Health Workers recognized four families whom they had already tested through the door-to-door screening.

Staff also organized four community-based screening events. These included two, low-income child care centers, an Episcopal Church community center, and a combined Head Start and Hispanic community women's group. Each of these events proved very successful, and was well-received by the community. Through these events, 103 children were screened.

Media coverage of the CLPP's screening efforts was extensive and supportive. The staff's media outreach strategy consisted of developing press releases, media fact sheets, and an updated list of media contacts. Staff faxed press releases to over 20 media contacts. The Program focused its efforts on the Spanish-language media, and the largest English television, radio and newspapers. This outreach resulted in excellent coverage of both the door-to-door and Geneva Towers activities. The Spanish-language media response included the two television broadcasts, two newspaper articles, and a half-hour radio talk show. Numerous calls were later received by the CLPP from the talk show listeners. A Chinese-language television station also covered the door-to-door effort on its news program.

Four television stations covered the final week of the door-to-door screening. They interviewed the Community Health Workers, the Public Health Nurse, and parents of children being tested. Incidentally, one of the children tested on camera was later found to have an elevated blood lead. Several reporters expressed an interest in doing a follow-up story on the screening results as soon as the analysis is completed.



#### **OBJECTIVE 3A: Case ID & Environmental Investigation**

**Case Follow-Up:** For children with PbBs  $\geq 20 \mu\text{g/dL}$ , or persistent PbBs  $\geq 15 \mu\text{g/dL}$ , assure that medical and environmental services are initiated per State protocol guidelines.

#### **OBJECTIVE 4: Medical Management**

Ensure that medical management is provided for at least 80% of children with PbBs  $\geq 20 \mu\text{g/dL}$ , and 95% of children  $\geq 45 \mu\text{g/dL}$ .

The CLPP is continuing to maintain an effective case management system. All parents/guardians of a child with a blood level  $\geq 10 \mu\text{g/dL}$  receive a letter of explanation, and an information packet. Upon receipt of an elevated blood lead report, the PHN immediately telephones the child's parents/guardians. The PHN encourage physicians to re-test these children in three months. Many physicians, however, do not agree with CDC's re-testing protocols. Despite this resistance, the CLPP continues to encourage them to follow these guidelines.

All children with lead levels  $\geq 20 \mu\text{g/dL}$  are assigned to a district Public Health Nurse, and the project's Industrial Hygienist. The 10-day notification time line is sometimes difficult to meet, as many families are hard to find and follow. Staff make every effort, however, to visit families in a timely fashion.

The Industrial Hygienist presently has 88 open cases. In October, she conducted one home visit, and two environmental investigations within the target area. In December, she carried out three home visits, and prepared one property owner report in the target area. The lead sources identified included chewed painted surfaces, peeling and deteriorated paint, contaminated soil, and a possible exposure in Mexico with ceramic cookware.

The San Francisco Department of Public Health, Bureau of Disease Control, is in the process of hiring an MD epidemiologist to replace the project's former Principal Investigator, Dr. Alvaro Garza, who accepted a position with the State Department of Health Services. The CLPP will seek the assistance of this new epidemiologist in reaching the medical community with information on screening and case follow-up.

#### **OBJECTIVE 3B: Case ID & Environmental Investigation**

**Surveillance:** Expand data collection, analysis and tracking capacity in San Francisco

The San Francisco Childhood Lead Prevention Program sends all providers following children with elevated blood lead levels a letter of information about our program, and the CDC's medical management guidelines. Some 95% of all San Francisco cases have a completed Lead Poisoning Follow-up Form which is





forwarded to the state surveillance system. We will continue to strive for 100% compliance despite the high mobility of many of our case families.

#### **OBJECTIVE 5: Policy Reform**

**To increase development and support for progressive laws and policies through political and community channels.**

The first meeting of the Lead Hazard Reduction Citizens Advisory Committee was held during this quarterly reporting period. The committee's membership was not completed until one year after the passage of the Lead Ordinance. The following interests are represented on the 16-member committee:

- Painting Contractors
- Building Trades
- Child Care Providers
- Mayor's Office
- Department of Public Health
- Public Interest Organizations
- Residential Owners
- Tenant Organizations
- Testing Experts
- Abatement Experts
- Financial Experts
- Physicians
- Insurance Industry
- U.S. EPA
- Cal-OSHA
- San Francisco Housing Authority

The committee's charge of the is to a recommend a range of options for a residential lead hazard reduction program to the Board of Supervisors. The committee is also responsible for assistance the Director of Public Health in implementing the final provisions. The CLPP's Industrial Hygienist drafted and presented a workbook of interim lead hazard reduction guidelines to serve as a starting point for the committee's deliberations. The committee is to present their recommendation to the Board of Supervisors in six months.

The CLPP maintains membership on each of the three Lead Ordinance Committees. Staff have made presentations regarding our role and case management procedures.



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Public Health

**NARRATIVE REPORT  
SAN FRANCISCO**

**Program Name:** San Francisco Childhood Lead Prevention Program  
Project Number H64/CCH907988-02

**Period Ending:** March 30, 1994  
Quarterly Report #7

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## I. PROGRAM OVERVIEW

### A. HIGHLIGHTS

During this third quarter, the San Francisco Childhood Lead Prevention Program (CLPP) focused its efforts on community and professional education. The Community Health Workers extended considerable effort to provide lead poisoning prevention information to target area churches and schools. Their accomplishments included publication of an article in an Archdiocese publication reaching over 60,000 readers (Attachment 1). Staff also circulated a newsletter to principals of twenty-four parochial schools. CLPP staff are building strong relationships with church schools throughout the target area.

The program's Community Health Workers and Public Health Nurse initiated contact with the San Francisco Unified School District, as well as the Head Start Program. Together they began to coordinate future outreach and training for their respective staffs. The CLPP Program Coordinator and the Coalition to Prevent Lead Poisoning met with school district administrative staff to coordinate dissemination of lead hazard information materials citywide.

Through in-service trainings and inter-agency collaboration, CLPP provided lead hazard education to San Francisco Housing Authority and Department of Public Health staff. Plans for housing authority resident training and education for the coming year were also finalized.

The Public Health Nurse and Industrial Hygienist responded to a priority health concern involving the Florence Crittenton Day Care Center. CLPP received blood lead reports exceeding 20 µg/dL on two children. Preliminary investigations revealed that both children attended the Florence Crittenton Day Care Center. Subsequent environmental assessment found extensive flaking of paint with high lead levels in the Day Care Center. In response, staff prepared two letters: one for each child's doctor, and one for his or her parents. These letters informed recipients of the identified lead hazard (Attachment 2). Staff passed the letters to the Center for distribution. Follow-up is underway to ensure that parental and provider notification was properly completed.

A final report on the door-to-door screening project has been drafted by Amy Mayeno, Community Health Worker. This report is presently being reviewed by Dr. Fran Taylor, Director, Bureau of Disease Control, and Dr. Jeffrey Newman, Principal Investigator; and, Dr. Alvaro Garza, the CLPP Principal Investigator during the door-to-door project. The report will be released upon completion of this review.

## **B. PERSONNEL**

Two significant personnel changes were announced during this reporting period. The CLPP Coordinator, Jack Breslin, will be leaving the program effective July 1, 1994. He will be returning to his position of Assistant Director, Bureau of Environmental Health Services and the Bureau of Toxics, Safety and Health. Mr. Breslin will assume responsibility for consumer protection programs. The two bureaus--Bureau of Environmental Health Services and the Bureau of Toxics, Safety and Health--will be consolidated into a single unit. The CLPP will become part of this combined bureau. The CLPP Coordinator will report to the new unit director.

Dr. Jeff Newman was hired to replace Dr. Alvaro Garza as Director of Epidemiology, Non-Infectious Disease, and Principal Investigator of this CDC grant. Unfortunately, this position was recently defunded. Because the Principal Investigator's position is critical to the program's success, CLPP's reapplication for 1994- 95 includes a request to fund 10% of his position. Funding for the balance of this position is being developed from other sources. A crucial component of the health professional strategy is physician outreach to increase screening and testing. Such outreach is infinitely more effective when conducted by a physician. Through grand rounds presentations, and personal contact, Dr. Newman will play a key role in persuading local physicians to test children for lead. For this reason the funding request has been incorporated into the reapplication.

The CLPP has suffered from the lack of trained Public Health Educator services. Education and outreach is being conducted by the Community Health Workers, with assistance from the Industrial Hygienist and Public Health Nurse. A request for a Health Educator has also been incorporated into the 1994 - 95 reapplication. Funding for this position would provide CLPP with health education expertise, and allow the Community Health Workers to focus their efforts on the outreach activities for which they were recruited and hired.

## **C. POLICY & LEGISLATION**

The Program Coordinator and Industrial Hygienist continued to participate on the Lead Hazard Reduction Citizens Advisory Committee. The Industrial Hygienist prepared a detailed guideline for consideration by the committee on lead hazard definition and control regulations. Within six months the committee is expected to present its recommendations to the Board of Supervisors for enactment into law.



As chair of the City Agency Task Force, the Program Coordinator is collaborating with other representatives to develop an assessment program for city properties where children have access. This assessment program will require development of a training protocol for designated staff. After completing the training, each designee will conduct a preliminary review of their properties, identify potential lead hazards, and develop hazard reduction strategies and policies.

As a member of the Lead Poisoning Prevention Citizens Advisory Committee, the Public Health Nurse is contributing to the development and implementation of education and outreach strategies.

#### **D. ISSUES OF CONCERN**

Staffing remains as one of the primary issues with which the CLPP must contend. The loss of the Principal Investigator, Dr. Alvaro Garza, was mitigated by the appointment of Dr. Jeff Newman. The subsequent deletion of his position from the Public Health Department's 1994 - 95 budget leaves an enormous void. Likewise, the program's lack of a Health Educator severely limits the program's educational outreach, and stresses program staff. These issues, combined with the Program Coordinator's reassignment, may significantly strain the program and jeopardize productivity. The funding requested for the Principal Investigator and Health Educator positions will allow this project to maintain the momentum it established in its first two years. Data derived from the program's door-to-door efforts, and data from private providers, confirm that significant numbers of children with elevated blood lead levels are living in San Francisco. The lead poisoning prevention message, the promotion of screening, and the implementation of lead hazard reduction policies must not be allowed to falter.



## II. DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS SAN FRANCISCO

### OBJECTIVE 1A: Public Information

Reach 50% of target area residents with information about lead hazards, prevention, and child blood-lead testing.

The CLPP's public information efforts were successful in reaching a large segment of the target area community. The Community Health Workers focused on community organizations and churches. They stressed the importance of testing children between six months and six years of age. Their approach consisted primarily of group presentations and distribution of printed materials. The following list is a breakdown of the outreach activities conducted in the project's target area this quarter.

TYPE OF EVENT	# REACHED/ DISTRIBUTED
Adult Education Institutions	695 adults
Fairs	71 parents
WIC	1,014 parents
Child Care Facilities	160 parents/teachers
Clinics	176 parents
Clinic video presentations	259 parents
Churches Contacted for Events	11 church staff
Church Leaders	10 church leaders
Church Newsletters	60,000 readers
School Principals	24 principals
Ethnic Community Organizations	58 adults
Ethnic Leaders	8 leaders
Head Start/Mission Consortium	115 parents
Literature	1,500 distributed

The program's Public Health Nurse and Community Health Workers collaborated on a number of very effective public information endeavors summarized below.

The Community Health Workers and Public Health Nurse began working with the city's school system. First, staff met with the San Francisco Unified School District's school nurse. They discussed future outreach activities, and oriented her to the program. The Community Health Workers and Public Health Nurse (PHN) also met with the San Francisco Head Start Education Coordinator. Together they explored ways to collaborate, including trainings for staff and parents. As a result of this collaboration, the Community Health Workers have conducted presentations for 115 parents of Head Start children.

The PHN responded to a request from the Health Educator at the City College Day Care Center to conduct an educational presentation. Twenty-five mothers attended a talk at the Grace Child Development Center in Bayview Hunters Point. A slide show was also presented. The Center's Health Educator is also a member of the Lead Poisoning Prevention Citizens Advisory Committee. The PHN also conducted two intensive in-service trainings for staff and mothers at the St. Elizabeth's Day Care Center. This drug treatment center assists teen mothers in residence citywide. Five staff and seven mothers attended.

#### **OBJECTIVE 1B: Professional Education**

**Strengthen health professionals' awareness of and support for lead poisoning prevention by educating at least 50% of health professionals serving the target area.**

Recognizing that professional education is perhaps the single most important component of outreach, the program's Public Health Nurse engaged in an extensive professional education effort. All members of the CLPP staff understand that it is essential to inform our counterparts within the health system about childhood lead exposure issues and the importance of primary and secondary prevention. The Public Health Nurse provided the following professional education outreach services:

- Collaborated with Rich McGuire, Industrial Hygienist for the San Francisco Housing Authority, in developing a plan to jointly conduct training with housing staff and residents at each housing development in the city. This training is mandatory. It legally requires the Housing Authority to notify all residents where lead hazards might be found in homes and what risks lead poses to residents.
- Conducted the first training for executive housing project staff. This training addressed medical aspects of lead exposure, and simple prevention methods. Ten directors attended. The training consisted of a slide show covering lead sources and ways to prevent exposure. The PHN is working with the Housing Authority to develop and conduct presentations for public housing residents with the Industrial Hygienist in the coming year.
- Invited by the Director of Nursing to speak at a primary care meeting. During the meeting, new blood lead processing and billing procedures were discussed.
- Conducted an in-service training for nurses and clerical staff at Health Center 4 in Chinatown. Twenty people attended.
- Conducted an in-service training and slide presentation for all Registered Nurses's and clerical staff at Health Center 5. Twenty people attended.

- Conducted an intensive in-service training on lead poisoning and how to handle lead-related referrals to six nursing students at Health Center 5.
- Conducted an in-service training on lead-related procedures to supervising head nurses from health centers citywide. These nurses supervise all field PHN's. They are new to the job following restructuring. This in-service was crucial to their understanding the roles and responsibilities of field PHN's with respect to lead referrals. PHN lead procedures and performance expectations were also reviewed.

The PHN and Community Health Workers attended several planning meetings with the Health Educator from the Child Health and Disability Prevention Program (CHDP). They developed a joint community outreach plan. CHDP requested that the program distribute CHDP calendars and literature to the six community health agencies CLPP works with. CHDP also requested the program's assistance in planning and conducting a training for the Berkeley "Wellness Guide."

The PHN and Program Coordinator met with the San Francisco Chief of Epidemiology and Dr. Jeff Newman, the new Principal Investigator on the CDC grant. They discussed a strategy for physician outreach, with special attention to CHDP providers in the target area.

The PHN and CLPP Coordinator participated in monthly Lead Poisoning Prevention Citizens Advisory Committee meetings. They have updated committee members on new lead procedures and other relevant information. The Coordinator also briefed the newly appointed Department of Public Health Director on the program's goals and activities.

## **OBJECTIVE 2: Door-to-Door & Community-Based Screening**

**Using door-to-door outreach and special events, test at least 350 Mission District children at risk of lead poisoning.**

The door-to-door screening surveys provided the program with a large database. A Community Health Worker has extended considerable effort to summarize the findings. A draft report has been written and is under review by the Director of the Bureau of Disease Control and the Director of Non-Infectious Disease Epidemiology. Their review is expected to be completed shortly, and the final report prepared in the fourth quarter.

The survey data, combined with data obtained by the Research Assistant from CHDP providers, resulted in an extensive data analysis workload. The Principal Investigator's departure places a major burden on the remaining staff to analyze and report on these findings.



The Department issued a press release announcing the overall results of the door-to-door activity. A press conference conducted by Dr. Jeff Newman and a Community Health Worker was attended by all the local television stations. Each station broadcast a report on their evening news program.

In addition to these efforts, the Public Health Nurse engaged in the following screening procedure development efforts:

- Conducted a brief lead program orientation for nurse managers citywide. She oriented them to the streamlined billing procedures for blood lead draws performed at all district health centers. Blood lead analyses will now be processed in the San Francisco General Hospital Metals Lab. In order for the new system to sustain itself, district health centers will need to increase the number of blood lead tests they perform.
- In conjunction with the new Director of Nursing, developed a workplan to carry out intensive outreach to all district health center staff. A plan was developed where district health officers, district medical officers, nursing managers and line staff (including all nurses and clerical staff) will be oriented to lead issues and the new billing procedures.
- Prepared a written protocol (Attachment 4) describing the mechanics of new blood lead screening program.
- Attended a meeting with Judy Hewson, CHDP provider representative, and supervisors of the St. Luke's draw station for Smith-Kline laboratory. This meeting was to address recurrent blood lead billing and reporting issues. Staff met with the Smith-Kline account representative and the draw station supervisor to try to resolve lab's erratic reporting of test result to providers. This meeting was organized after a blood lead level of 61 µg/dL was not reported to the primary physician for over two weeks. The CLPP has received repeated complaints from private providers that lead levels are not reported to them by labs in a timely manner. Every effort is being made to resolve this problem.

#### **OBJECTIVE 3A: Case ID & Environmental Investigation**

**Case Follow-Up:** For children with PbBs  $\geq 20$  µg/dL, or persistent PbBs  $\geq 15$  µg/dL, assure that medical and environmental services are initiated per State protocol guidelines.

The San Francisco CLPP continues to follow a more aggressive follow-up policy for elevated child blood lead levels than the one recommended by CDC. All venous lead levels  $\geq 15$  µg/dL are assigned to the district Public Health Nurse for a home visit. Children with blood lead levels  $\geq 20$  µg/dL receive a residential environmental investigation from the CLPP Industrial Hygienist.

The following is a report of environmental inspections and hazard remediation activities conducted in the project's target area in response to cases of elevated blood lead. Four premises required inspection. Four environmental inspections were completed. Two premises were found to have lead based paint hazards.

The Industrial Hygienist presently has 90 open cases where lead hazards have been identified following on-site assessment. The Industrial Hygienist and Program Coordinator continue to work to establish a protocol for the reduction of lead hazards. These efforts are taking place through work with the Lead Hazard Reduction Citizens Advisory Committee. In the interim, an owner and tenant notification policy is being developed in conjunction with the City Attorney's Office. This policy will allow CLPP staff to notify tenants after a child living in rental housing has been found with elevated blood lead, and an environmental assessment has identified a lead-based paint hazard.

### **OBJECTIVE 3B: Case ID & Environmental Investigation**

**Surveillance: Expand data collection, analysis and tracking capacity in San Francisco.**

Several improvements in data collection have been initiated. The largest target area providers have begun to fax blood lead reports to the program regularly. The Mission Neighborhood Health Center, for example, now provides CLPP with complete data on all blood lead test results. The San Francisco General Hospital provides lead results to CLPP directly from the laboratory. Until now, collection of demographic information from the hospital's information system was extremely time-consuming. With the cooperation of a hospital programmer, however, the lab and CLPP's screening databases have been electronically linked. We are also exploring use of hospital ID numbers for linkage. We are also working to improve reporting from other providers serving the target community.

The CLPP has also initiated discussions with the CHDP database managers. CLPP is interested in obtaining a list of all San Francisco children less than six years old, their provider's names, demographic information, blood lead data, and related preventive service data. The program has obtained a similar list of two-year-olds, previously requested by the San Francisco Bureau of Epidemiology and Disease Control for an immunization project. CLPP is comparing this partial list with our screening database, while awaiting the complete list we have requested.

The improved efficiency of our data management has resulted in more complete reporting. It will allow more complete data analysis to evaluate the effectiveness of the program's screening and follow-up efforts. The development



of a denominator-based approach will help focus our screening interventions, and will facilitate risk assessment activities.

#### **OBJECTIVE 4: Medical Management**

**Ensure that medical management is provided for at least 80% of children with PbBs  $\geq 20\mu\text{g/dL}$ , and 95% of children  $\geq 45\mu\text{g/dL}$ .**

The San Francisco CLPP continues to improve and refine its case management system. All parents/guardians of children with blood lead levels  $\geq 10\mu\text{g/dL}$  receive a letter of explanation and an information packet. All children with lead levels  $\geq 15\mu\text{g/dL}$  are assigned to a district Public Health Nurse. Children with levels  $\geq 20\mu\text{g/dL}$  also receive a visit from the project's Industrial Hygienist. The tickler system is operational. It is an effective way to remind district PHN's when lead levels are due. During this quarter, 24 cases  $\geq 15\mu\text{g/dL}$  were detected citywide. Fourteen new cases  $\geq 15\mu\text{g/dL}$  were detected in the target area. A total of 55 cases are open in the target area.

#### **OBJECTIVE 5: Policy Reform**

**To increase development and support for progressive laws and policies through political and community channels.**

The CLPP maintains a high-profile leadership role on each of the three advisory committees mandated by the Lead Ordinance. This program is under increasing pressure from these committees to expand its program goals. For example, the San Francisco Coalition to Prevent Lead Poisoning recently sent letters of inquiry on how the CLPP intends to meet all the requirement of the Lead Ordinance. The Coalition fully understands and appreciates the staffing limitations under which the program operates. They wish to remind the program, however, of its legal mandates, and encourage us to develop the minimal resources needed to meet these requirements.

The community-based group PODER (People Organized to Demand Environmental Rights) recently initiated a media campaign to require tenant notification following identification of a child with elevated blood lead levels living in rental housing (Attachment 5). CLPP staff are working together with PODER and the City Attorney's Office to develop a program that: 1) addresses PODER's concerns; 2) is consistent with public health policy; 3) meets the Lead Ordinance requirements; and, 4) is practicable given available resources.

The Lead Hazard Reduction Citizens Advisory Committee is working very diligently to develop definitions and hazard reduction regulations for presentation to the Board of Supervisors. This will be the single most important tool to begin reducing lead hazards in dwellings. The committee hopes to present its recommendations to the Board by the end of this fiscal year.

### **Florence Crittenton Day Care Center**

The PHN assisted the Industrial Hygienist with trainings involving an immediate hazard detected at the Florence Crittenton Day Care Center . This residence and day care center serves teen mothers and their children. The exterior wall of the toddlers' room was in extremely poor condition and was flaking high lead-based paint. The PHN assisted the Registered Nurse at the Day Care Center by writing two letters. One letter was addressed to the doctors of all the children attending the center. The second letter was to the parents of the children who live in or attend the center. (Both letters are attached here.) The PHN assisted in training the maintenance staff about lead hazards. A PHN from Health Center 2 later assisted the Industrial Hygienist conduct two more trainings. The first training was for day care center staff. The second was for the parents. Staff were advised to document all of their efforts to educate parents and remediate the identified hazards .

### **III. DETAILED OBJECTIVE, ACTIVITIES AND OUTPUTS SAN FRANCISCO COUNTY**

#### **I. PUBLIC EDUCATION OBJECTIVE**

**By 6/30/95, reach 25% of residents in the expanded target area(s) with information about lead hazards, prevention strategies and screening needs.**

##### **Outputs and Deliverables**

1. Presentations (5000 persons reached total)
  - Community Presentations 4,750 persons
  - Home Care Provider Presentations 50 providers
  - Asian Language Presentations (10) 200 persons
2. Video Presentations (300 showings)
3. Fairs & Special Events (5)
4. Literature Distribution (1,000 brochures/month)
5. Media
  - Radio Programs (4)
  - Press Releases and Newspaper Articles (5)
6. Tenant Notification (75 Buildings)
7. Training for Community Leaders on CHDP Services (30)
8. Educational Materials in Vietnamese, Spanish, Cantonese & Cambodian Languages (4)

#### **II. PROFESSIONAL EDUCATION OBJECTIVE**

**By June 1995, 75% of target area CHDP care professionals will be provided in person education on lead exposure, prevention, treatment and screening,**

##### **Outputs and Deliverables**

1. Grand Rounds (2)
2. Mailings to CHDP Providers (2)
3. Trainings:
  - In-Service Training (30 PHN's)
  - Clinical Training, Nurses & Clerical Staff (7 DPH Clinics)
  - In-Service Trainings for Housing Authority Staff (2)
  - Training for Health Inspectors (40 persons)
  - Training for Building/Housing Inspectors (20 persons)
4. Presentations:
  - Presentation for District Executive Staff
  - Presentation at Health Worker Union Staff Meeting

### **III. SCREENING OBJECTIVE**

**Increase blood lead testing of children under six years of age by providers in the expanded target area 25%. Increase testing conducted by Department of Public Health pediatric clinics 50%.**

#### **Outputs and Deliverables**

1. Test 350 Children at Capp St. Health Clinic
- [2. Lead Presentations in Clinic Waiting Rooms (4)]
3. CHDP Data Analysis
4. CHDP Provider Survey
5. Materials Promoting Lead Testing (4)

### **IV. MEDICAL MANAGEMENT OBJECTIVE**

**Ensure that medical management services are provided for at least 80% of children with lead levels  $\geq 15 \mu\text{g/dL}$  and 95% of children with lead levels  $\geq 30 \mu\text{g/dL}$**

#### **Outputs and Deliverables**

1. Provider Notification (BPbs  $\geq 15 \mu\text{g/dL}$ )
2. Parent Notification (BPbs  $\geq 10 \mu\text{g/dL}$ )
3. Lead Follow-Up Forms Completed & Sent to DHS
4. Data Analysis: Time from Case Identification to Closure
5. District PHN Notification (BPbs  $\geq 15 \mu\text{g/dL}$ )
6. Case Management
7. Educational Materials Distribution

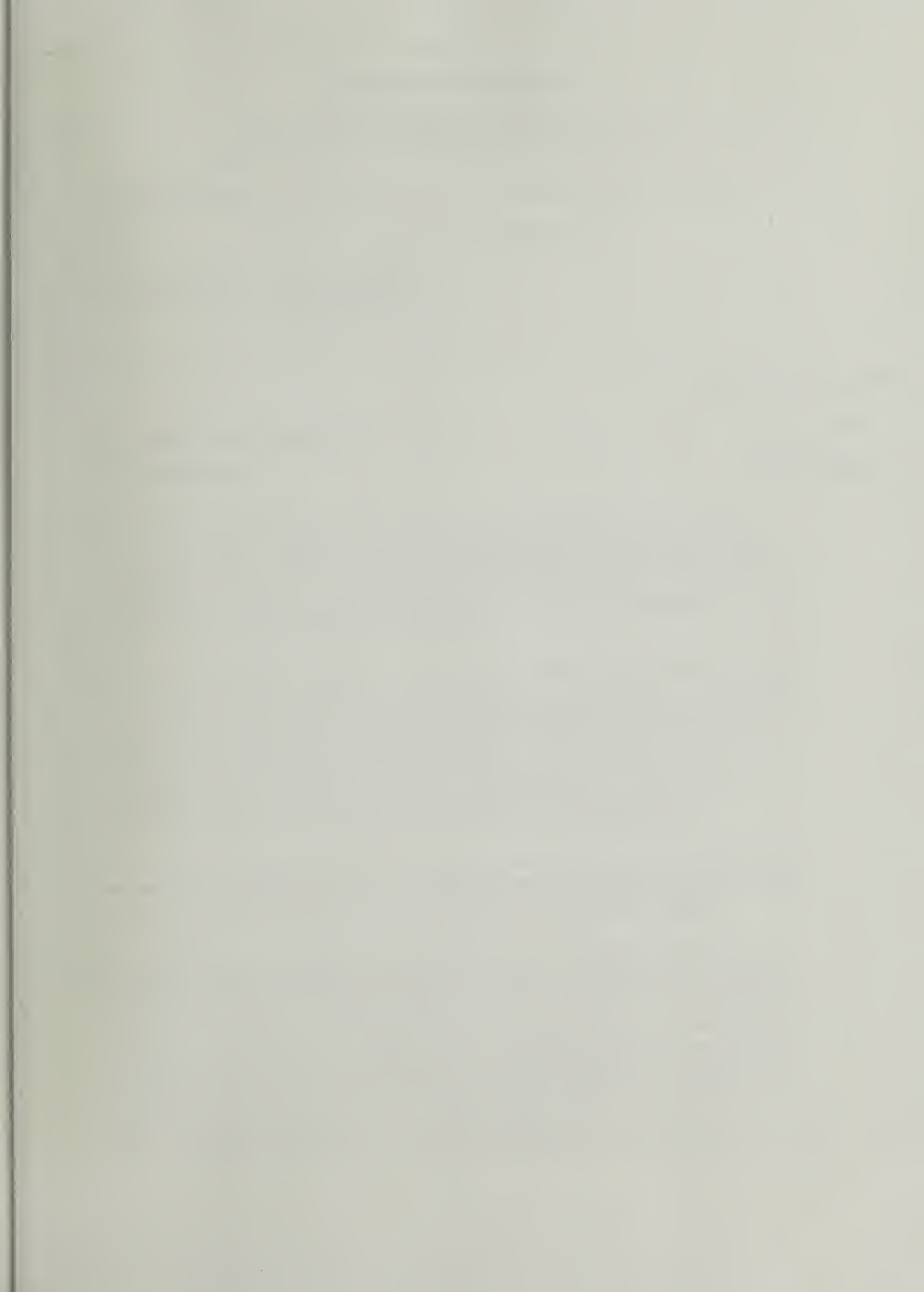
### **V. DATA MANAGEMENT OBJECTIVE**

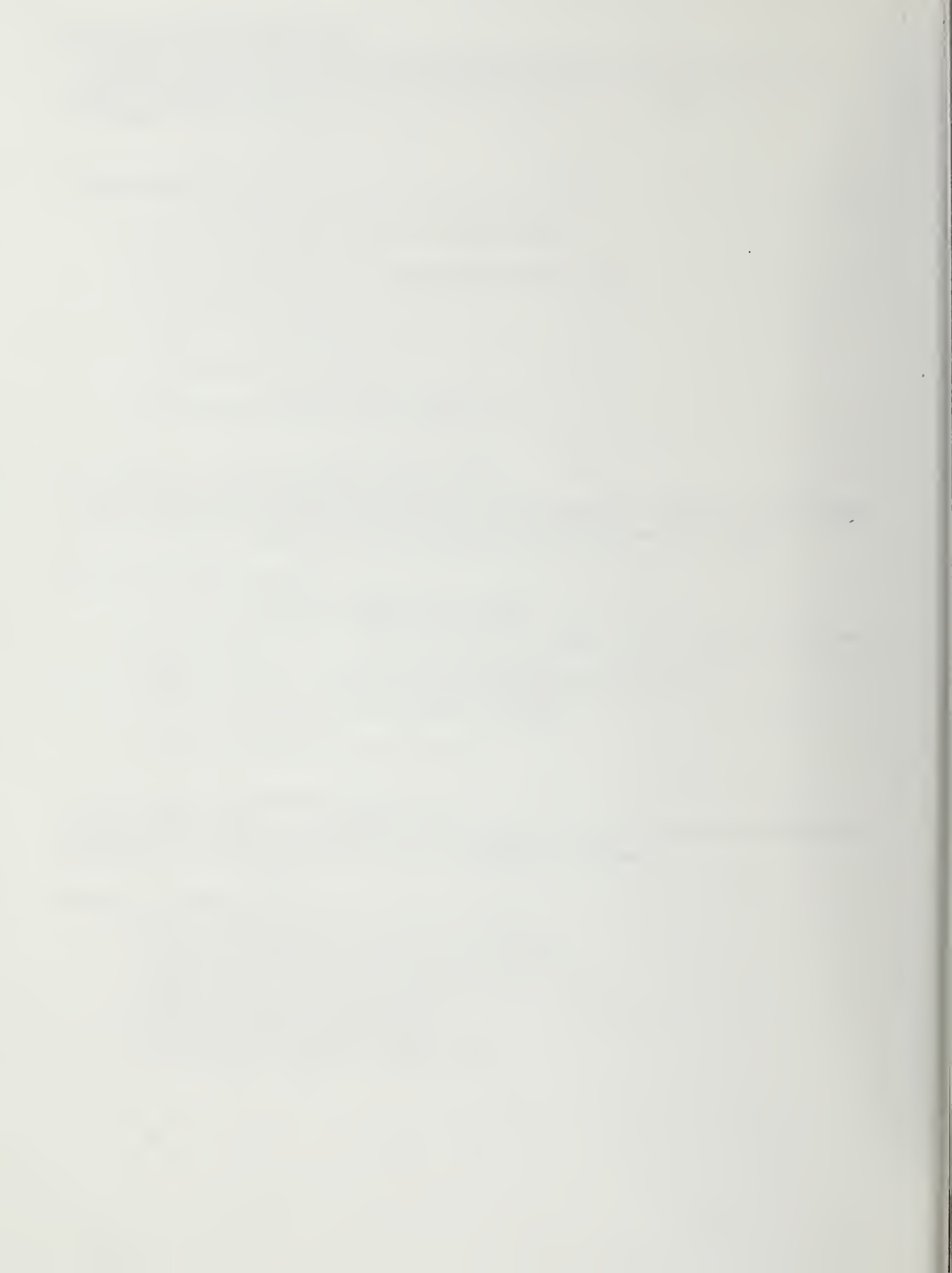
**By June 1995, develop vital data and demographic evaluation resources to serve as the basis of developing lead poisoning prevention strategies.**

#### **Outputs and Deliverables**

1. Complete Case Tracking of Outcomes
2. Improve Timeliness of Surveillance System
3. Obtain Data Missing from Initial Reports
4. Utilize Housing Demographics
5. Analyze Variables in EBL Cases
6. Utilize Data to Identify Target Areas







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"Public Health

**NARRATIVE REPORT**  
**SAN FRANCISCO COUNTY**  
**CHILDHOOD LEAD PREVENTION PROGRAM**

**Program Name:** San Francisco County Childhood Lead Prevention Program

Project Number H64/CCH907988-02

**Period Ending:** June 30, 1994

Quarterly Report #8

DOCUMENTS DEPT.

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**I. PROGRAM OVERVIEW**

**A. HIGHLIGHTS**

The fourth quarter found the San Francisco Childhood Lead Prevention Program working within an environment of administrative and budgetary changes occurring within the Department of Public Health. The CLPP succeeded in maintaining its momentum in achieving its community and professional outreach goals and objectives.

The CLPP staff participated in a three-day Environmental Protection Agency Risk Communication and Public Involvement training course. The course goal is to provide participants with an understanding of the dynamics of public involvement in the process of jobs in the environmental decision-making process. The course focused on recognizing ineffective risk communication and practicing effective communication techniques. All participants found the training most relevant and enlightening.

The program succeeded in affirming and refining the processes involved in the laboratory analysis of blood lead samples by the Metals Laboratory at San Francisco General Hospital under the direction of Dr. John Osterloh.

In an endeavor to mitigate some of the budgetary reductions affecting the non-CDC funded positions of the CLPP, a revised California AB 2038 grant application has been developed and submitted to the San Francisco Health Commission and Board of Supervisors. It is hoped that this funding source will allow the program to continue with the staffing resources essential for the operation of an effective program. AB 2038 revenues are collected from the petroleum and paint industries and is made available to California counties based on population and age of housing criteria. The funds are to be used for case management activities. The following program endeavors were

the focus of this quarter's efforts.

### Tenant Notification

The majority of the elevated lead cases have been found to live in multi-family buildings. In the notification letter explaining the results of the environmental investigation, landlords are requested to notify other tenants about the potential problem and the need to have these children tested. Because of concerns that this tenant notification was not occurring, a pilot test of notification was initiated by the outreach workers. A brief questionnaire, developed by the program, provided basic information about lead and tenants' rights, and recommended screening of children.

### Data Analytic Projects

Several statistical analysis projects have been initiated. The results of the medical management program are being evaluated, describing the results of our overall screening program (using unduplicated results), and evaluating risk factors associated with elevated lead levels, including age of housing. A data set on all San Francisco enrollees in CHDP has been requested to identify and target for intervention those clinical sites where lead screening isn't taking place. An MPH student intern from the University of California, Berkeley is assisting the Data Coordinator and the PI on these projects. The results of these efforts should be available for the programs next quarterly report.

### HUD Grant

The project is working with the Mayor's Office to plan the substantial program funded by the \$6 million HUD grant. Assistance has been offered to help plan, develop, and evaluate interventions. Education, screening, and environmental investigation will be coordinated between CLPP and those initiated through the HUD grant.

### Meeting of the New Directors of the San Francisco Department of Public Health and the CA Lead Program

Dr. Sandra Hernandez, the new Director of the San Francisco Department of Public Health, met with Dr. Rex Ehling and Dr. Alvaro Garza, both of the State Childhood Lead Poisoning Prevention Branch. She expressed her interest in and enthusiasm for the lead program. Drs. Ehling and Garza described their satisfaction with the San Francisco program and state-wide goals and activities. Several areas of increased collaboration were explored.



## **B. PERSONNEL**

Budgetary reductions have resulted in the deletion of Dr. Jeff Newman's position within the Bureau of Epidemiology and Disease Control. The 10% funding of a Principal Investigator position by the CDC for 1994/95 combined with other pending grant applications will hopefully allow the CLPP to maintain Dr. Newman's essential services.

Gail Herrick, the Public Health Nurse with the program is scheduled to be "bumped" from the position because of staffing reductions in the Department of Public Health. Her position remains funded, however, because her low seniority status, another PHN will have claim to her position.

Other personnel changes resulting from a budgetary-driven re-engineering of the Department are pending. A status report of those changes impacting the CLPP will be presented in the next quarterly report once the final decisions become known.

## **C. POLICY AND LEGISLATION**

The Lead Hazard Reduction Citizens Advisory Committee is intensifying its efforts to provide specific language recommendations to the Board of Supervisors on mandatory lead hazard reduction requirements for property owners. CLPP staff are active participants in this process. A final proposal should be completed by the end of next quarter and will be included in that report.

The CLPP continues its activities on the Lead Poisoning Prevention Citizens Advisory Committee. The committee's focus on public education has been a major assistance to the CLPP public outreach efforts, without having the services of a Health Educator.

## **D. ISSUES OF CONCERN**

The combination of staff changes, severe budget cuts and incomplete reorganization plans in State and County health programs can continue to affect the way our commitments are carried out.

**DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS**  
**FISCAL YEAR 1993 - 1994**  
**SAN FRANCISCO COUNTY**

**Objective 1A - Public Information**

**Reach 50% of residents with information about lead hazards, prevention, and testing.**

Community outreach work during the fourth quarter provided lead education to 9877 adults through presentations, parent discussion groups, lectures, training and demonstrations. Target groups were contacted at San Francisco General Hospital, WIC programs, day care centers, a public library, learning centers, street fairs, and a church festival.

Day Care Centers

Presentations were made at Bryant Street Child Development Center for parents and teachers. The Asian Career Development Center provided lead education to Chinese parents in an ESL literacy class. Two ESL instructors translated into Cantonese and Mandarin the presentation and questions posed by the CLPP presenter. A total of 39 parents were reached.

WIC Programs

WIC Programs at San Francisco General and St. Luke's Hospitals reached 336 parents. These programs provided time to educate parents and pregnant women about lead issues through presentations, discussions, demonstrations, referrals, and literature distribution.

San Francisco General Hospital, Pediatric Clinic

Two bilingual presentations were made at San Francisco General Hospital for 66 parents. Educational materials were also distributed.

Saturday Lead Education in the Library

Sabado de Salud en la Biblioteca, a presentation at the 24th Street Branch of the library gathered 24 Latino parents who attend "Story Time" with their children every Saturday. The presentation included testing Mexican pottery and encouraged parents not to use clay dishes for cooking, serving or storing food before testing them for lead.

Training at San Francisco City College

We provided a three-hour training on lead for 30 Community Health Workers at the Health Science Building at City College. A lesson plan and

training materials were developed and given to the class.

### Cinco de Mayo Street Fair

CLPP staff participated in the Mexican Celebration of Cinco de Mayo at the San Francisco Civic Center's Health Pavilion. The outreach strategy was direct, consisting of a brief lead education message. Parents were approached and invited to enter a free raffle of T-shirts by answering five questions on the importance of testing children for lead. Two hundred parents participated. Informational brochures and other resources were provided to the public.

### Church Outreach at St. Peter's

The pastor and staff of St. Peter's provided a free booth for our program. Two hundred parents received information about lead, as well as medical referrals for screening young children.

### Media Outreach

A press conference was held in April on the lead findings of our door-to-door screening activities. The press conference consisted of a statement on the findings and questions from the media. San Francisco, Oakland, and San Jose television and radio stations participated in the press conference. Two Spanish channels also participated. As a result, there was extensive TV coverage which focused on the significance of the childhood lead problem.

### Mission Life

*Mission Life*, a bilingual community newspaper, published an article on how to protect children from lead.

### Clinic Outreach

#### Mission Neighborhood Health Center:

Presentations	28	Total parents	333
Video showings	64	Total parents	325
Pamphlets distributed	800		

#### Satellite Clinic

Presentations	4	Total parents	28
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#### Potrero Hill Neighborhood Health Center

Presentations	1	Total parents	5
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## Community Life

Fairs	Individuals Participating	Pamphlets Distributed
Cinco de Mayo	200	280
Carnival	240	360

## Lead Prevention Wheel

A wheel of fortune game to teach parents about preventing lead and encouraging testing was developed, built, and used at fairs.

## Sources of Lead Display

Developed 2 large 3D lead displays on sources of lead that are now being produced for lead programs throughout the state.

## Visual Aids for Lead Education

Developed a book of over 30 visual aids for teaching about lead poisoning.

## Tenant Notification

PHN participated with research assistant and student intern on tenant notification pilot program. PHN began to orient herself and solidify contacts with tenants' rights groups. Developed initial tenant notification template.

14 individuals reached personally  
20 packets distributed

## Church Networks

Meeting and training for 5 ministers. They plan to bring information to their congregations.

## Ethnic Community Outreach

Philippine Training Center -- presentation for 25 individuals.

## Adult School

Mission Vocational School: 2 presentations for 70 individuals included slide show, ceramic testing and raffle.



Sacred Hearts English as a Second Language: 3 presentations for 17 individuals.

#### PODER and Consumer Action

Please see attached detailed reports on the progress of PODER and Consumer Actions community outreach efforts.

#### **Objective 1B - Professional Education**

**Strengthen health professionals' awareness of and support for lead poisoning prevention by educating at least 50% of health professionals serving the target area.**

- The Principal Investigator (PI) met with Medical Directors of SF District Health Centers to discuss strategy for lead screening and case management. They candidly described obstacles, some of which they were unaware were being addressed through Lead Program initiatives. Supplementing on-site phlebotomists and the pilot project on capillary testing were viewed as significant steps to facilitate wide-spread screening.
- PI met with lead experts at the University of California, San Francisco to plan professional education activities. Drs. Villareal, Tejeda, and Osterloh agreed to participate.
- PI recruited a summer intern, who is an MPH student in Maternal and Child Health at the University of California, Berkeley. She has initiated an epidemiological project focused on risk factors for elevated lead levels in our screening cohort.
- PHN met with Head of Public Health Nursing citywide to discuss future training with Dennis Livingston from Baltimore Jobs and Energy Project. Strategy was discussed for training session and the primary contacts from the HUD grant were taken to be introduced to her.
- PHN gave a talk to six UCSF nursing students at Health Center 2.
- PHN conducted a slide show on lead to all clinic nurses at Health Center 1.
- PHN and health workers continue to collaborate with the health educator from CHDP in developing a more coordinated outreach strategy citywide.
- PHN attended the national conference on lead poisoning in Washington DC, conducted by the Alliance to End Childhood Lead Poisoning.
- PHN attended a meeting of Bay Area nurses on lead from the various

counties conducted by Alameda County. All lead contacts from surrounding counties were invited to the training given by Dennis Livingston on 7/8/94.

- Mayor's Office of Housing HUD grant staff were taken to meet with Mr. Bob Prentice, the Deputy Director of Community-Based Primary Care for the Department of Public Health. He was oriented to the goals of the HUD abatement grant.
- Wrote a short presentation on lead prevention for an audience of 70 service providers including teachers, child care referral counselors, prenatal health educators, public health nurses, disease control investigators.
- In-service training for WIC providers: 6 individuals.
- Personal visits to doctors and nurses at St. Luke's outreach and education: 18 individuals.

## **Objective 2 - Screening**

**Using door-to-door outreach and special events, test at least 350 Mission neighborhood children at high risk for blood lead poisoning.**

- PI has requested a complete list of SF children receiving CHDP services. This will enable us to characterize child and health facility characteristics associated with non-screening for lead. It will also provide targets for screening.
- PHN, Program Coordinator, Industrial Hygienist and Dr. Newman, PI on the CDC grant, conducted meeting with all center directors to discuss the slow progress and low volume of lead screening at the various health centers. Significant progress was made as a result of this meeting. Several follow-up meetings have occurred in which more logistical problems regarding billing and phlebotomy services have been worked out.
- A pilot project of capillary screening will be conducted at one health center in the city. This will be Health Center 4 in Chinatown. A meeting was held with the PI, PHN, Dr. Osterloh from the UCSF metals laboratory, supervisor of laboratory services and clinical laboratory supervisor. Protocols were developed, and equipment was obtained and sent to Health Center 4. All nurses at Health Center 4 were trained and saw the CDC videotape demonstrating capillary draws. All top management at Health Center 4 was involved with the planning and implementation. The capillary draw project will begin in July.

- The PHN continues to work closely with Judy Hewson from CHDP to resolve problems with billing and reporting laboratory results to MD's and the Lead Program. We are slowly making progress with the resolution of these problems.

### **Objective 3A - Identification and Environmental Investigation:**

**Case Follow-Up:** For children with blood lead levels  $\geq 20\mu\text{g/dL}$  or persistent  $\geq 15\mu\text{g/dL}$ , assure that medical/environmental services are initiated per State protocol guidelines.

The Childhood Lead Prevention Program has maintained its aggressive follow-up policy for children diagnosed with elevated blood lead. Venous blood lead samples in excess of  $15\mu\text{g/dL}$  and higher are investigated by the district Public Health Nurse in the child's residence. A Senior Industrial Hygienist conducts a home visit environmental assessment in cases of  $20\mu\text{g/dL}$  or more. The number of environmental inspections conducted during this fourth quarter reporting period are as follows:

Number of residences requiring inspection	7
Number of environmental inspections completed	7
Number of premises found to have lead-based paint or lead in soil hazards	4

Currently, there are 103 citywide open cases identified by the program's Industrial Hygienist as having a significant lead hazard. This assessment is made using an XRF measuring instrument.

At the encouragement of Dr. Jeff Newman, the project's Principal Investigator, a program of tenant notification has begun to be piloted by the Public Health Nurse and the Community Health Workers. This project seeks to identify those children residing within a multi-unit building in which a child has been diagnosed with an elevated blood lead level and where an environmental lead hazard has been identified. The notification of these families will continue on into the next quarter, when a report on its advocacy will be presented in the quarterly report.

As stated earlier, a student intern has begun the process evaluating case data to determine risk factors associated with elevated blood lead levels. The project will seek to better target intervention actions through the identification of risk factors.

### **E. Objective 4 - Medical Management**

**Ensure that medical management is provided for at least 80% of children**



with PbBs  $\geq 20 \mu\text{g/dL}$  and for 95% of children with PbBs  $\geq 45 \mu\text{g/dL}$ .

The San Francisco CLPP continues to improve and refine its case management system. The PHN's are increasingly more cooperative in following case management procedures. All parents/guardians of children with lead levels over  $10 \mu\text{g/dL}$  receive a letter of explanation and an information packet. All children with lead levels greater than or equal to  $15 \mu\text{g/dL}$  are assigned to a district Public Health Nurse. Children with levels greater than  $20 \mu\text{g/dL}$  also receive a visit from the project's Industrial Hygienist.

During this quarter, 25 cases above  $15 \mu\text{g/dL}$  were detected citywide. Of these, 8 are above  $20 \mu\text{g/dL}$ . Fourteen new cases above 15 were detected in the target area. Total cases open are 103 citywide. Total open cases in the target area are 59. Total cases over 20 are 49. Total cases over  $20 \mu\text{g/dL}$  in the target area are 22.

#### **F. Objective 5 - Policy Reform**

**To increase development of and support for progressive laws and policies through political and community channels.**

The Lead Hazard Reduction Citizens Advisory Committee has intensified its efforts to complete the drafting of the ordinance mandatory responses to elevated blood lead levels in children. The Deputy City Attorney assigned to work with the committee now has the assistance of a law student intern to assist with the project. The initial draft currently under development allows for both interim controls, as well as full abatement at the discretion of the Director of Public Health.

Current discussions are focused on "pass-through costs" (costs that can be passed onto the tenant) for relocation and/or remediation. The drafting committee hopes to have a proposal ready for presentation to the full committee by September 1994.

The Lead Poisoning Prevention Citizens Advisory Committee has established three work groups: Housing and Property, School/Parent/Teacher/Child Care, and Medical Screening/Health Provider. These committees have developed timelines and workplans, defined roles and responsibilities, and established how each will present a written document on actions recommended by the full committee.



## **SAN FRANCISCO CHILDHOOD LEAD PREVENTION PROGRAM**

### **Summary of Achievements and Lessons Learned**

**Fiscal Year 1993-1994**

In the last year, the San Francisco Childhood Lead Prevention Program (CLPPP) has achieved widespread recognition and acceptance in the target area. The staff have established strong ties with neighborhoods and with medical, social and educational agencies, which have enabled the program to reach its goals. Our outreach efforts during this past year have linked our project with agencies that serve children, educate parents, and provide information to the public at large. The following paragraphs briefly describe important strategies and agencies that have contributed to our success in reaching our objectives.

Our strategies are direct. They require cultural sensitivity and the ability to be comfortable with people in a variety of settings. We have visited people at home, in clinic waiting rooms, at WIC programs, in English-as-a-Second-Language (ESL) classes, child care centers, programs for the homeless, church festivals, and street fairs. It has become clear, however, that our key agencies are WIC programs, clinics, community agencies catering to children and/or parents, and the media.

We have found that building relationships within WIC programs is highly relevant to our purpose. During the past year we have provided lead education and referrals to over 1000 pregnant women and for parents of children under 5 years of age. Parents participating in WIC are required to receive health education. Program directors are eager to have CLPPP staff conduct presentations and demonstrations for their clients. We have found parents to be very receptive and appreciative in these learning situations. Clinic waiting rooms have also been important venues for reaching parents with lead messages. Often parents are with their children, and some are able to have their children tested at the Well Child Clinic. Others make appointments to have their children tested at a future date. Pediatric clinic educational outreach has been a very important strategy for reaching parents and testing children.

Staff have developed a variety of educational materials. These materials facilitate presentations, demonstrations and discussions. We have developed and used scripts for slide presentations, training models, lesson plans, enlarged photographs, displays and interactive games very successfully in clinics, classes and street fairs. "Sources of Lead", a three panel display on common sources of exposure, and "The Wheel" game about lead were both developed by project staff and have been extremely useful for demonstrations and teaching.

Our media strategy has evolved as our program has grown. During the past year, more than 30 television stories were broadcast about childhood lead poisoning and our program's activities. In addition to a Spanish language radio talk show, newsletters and several newspaper articles, an article was included in an archdiocesan publication which reached over 60,000 families. The mass media are a powerful voice, and we will continue to use the media as part of our community outreach strategy.



# San Francisco Childhood Lead Prevention Program

July 1, 1993 - March 31, 1994

## OBJECTIVE 1A: Public Information

Reach 50% of target area residents with information about lead hazards, prevention, and child blood-lead testing.

### Community Life

20 County, 6 PODER neighborhood/community presentations

- **5 presentations reaching 118 community members at St. Anthony's Food Distribution Center, Good Samaritan Hospital and Casa Valencia (Q5)**
- **1 presentation provided to 73 parents at a church-based community agency and an organization for women (Q6)**

4 booths at fairs/events

- **Screening event at St. Peter's (Q5)**
- **Screening events at Good Samaritan Hospital, Mission State Pre-Schools (Q6)**

2 promotional items

- **Item: T-shirt (Q7)**

### Church Networks

20 church leaders contacted

- **8 Church Leaders contacted at St. Peter's, CARECE, Good Samaritan Hospital, St. Anthony's, and Catholic Charities (Q5)**
- **2 Church Leaders contacted at 1st Baptista and Mission Presbyterian (Q6)**
- **11 Church Leaders contacted at St. Anthony's, St. Peter's, St. Jame's, CARECE, Holy Innocent Episcopalian, Primera Iglesia Baptista, Catholic Charities, Good Samaritan Hospital, Mission Presbyterian, Surifi Order, and Indian Episcopalian (Q7)**

15 presentations for congregations given

- **29 parents at St. Peter's educated about testing pottery from Mexico (Q5)**
- **Clergy at St. Peter's, Catholic Charities, and St. Anthony's arranged educational events at refugee and food distribution center (Q5)**
- **9 presentations conducted for congregation members (Q7)**

10 church newsletter articles published

- **Church bulletin at St. Peter's carried information about sources of lead exposure (Q5)**



- **Article published in the Bulletin of all 60 Catholic Churches in the San Francisco Archdiocese , including San Francisco, Marin and San Mateo counties (Q7)**

#### Child Care-Giver Outreach

30 providers/educators contacted & introduced to issues

- **60 daycare directors contacted and introduced to issues**

presentations conducted for 350 parents/staff

- **14 presentations conducted at Head Start programs, licensed preschools, San Francisco School District programs, and church centers reaching approximately 208 parents (Q6)**
- **88 parents and teachers at the Mission Child Center given lead and health information (Q5)**
- **25 parents at St. Patrick's and Buen Diaz Child Centers given lead and health information (Q5)**
- **3 presentations made to Mission Child Consortium, and Head Start Precita Center (Q7)**
- **CHDP survey conducted with child care service directors or managers from Las Americas, Mission Child Care, YMCA, SF Children's Council, 24th Street Mission Child Care and Real Alternative Program (Q7)**

1,000 parents reached with print materials/newsletters

- **200 brochures distributed to Head Start parents through the Precita Center (Q7)**
- **Article in SF Children's News published by SF Children's Council distributed to 3,000 parents (Q7)**

#### Clinic Client Outreach

Reach 100 clients/week through presentations

- **2 presentations reached 37 clinic clients at Mission Neighborhood Health Center (Q5)**
- **5 presentations reached 42 clinic clients at Mission Neighborhood Health Center, St. Luke's and San Francisco General Hospital WIC clinics (Q6)**
- **21 presentations reached 1069 clinic clients at Mission Neighborhood Health Center, St. Luke's and San Francisco General Hospital WIC Clinics (Q7)**

4 lead clinic displays developed/exhibited  
not completed

1 set promotional materials developed

- **Information packet prepared for telephone callers (Q6)**

#### Ethnic Community Outreach

3 ethnic group leaders contacted

- **5 Ethnic Community Group Leaders contacted through San Francisco Children's Council, Mission Economic and Cultural Association, Mission Community College (Q6)**

3 presentations conducted

- **Channel 14 (Spanish language TV) interviewed staff and parents at St. Peters (Q5)**

2 print materials translated/produced

- **2 translations (English to Spanish): Parent mailing and consent form (Q 5)**
- **3 translations (English to Spanish): Lesson plan translated for slide presentation, evaluation/raffle forms, bilingual parent brochure (Q6)**
- **Newsletter articles (English to Spanish) (Q7)**

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- **CLPP featured in Spanish in Mission Life Newsletter and The Oakland Tribune (Q6)**
- **4 articles published in SF Children's News, EOC Head Start Newsletters, Mission Life, and State Pre-School Network (Q7)**

2 radio programs broadcast

- **3 radio broadcasts including a Spanish-language talk show (KIKI) and two stories on screening (Q6)**
- **7 TV programs broadcast stories on door-to-door screening, and childhood lead poisoning including Channels 7, 14 and 48 (Q6)**

#### Adult Education

8 adult education institutions contacted

- **Mission Community College administration contacted, and enthusiastically welcomed presentations (Q6)**

4 classroom presentations conducted

- **24 presentations to 645 students in ESL classes included information about CHDP, WIC, immunizations and testing ceramics (Q6)**

2 educational materials developed

- **Cleaning products featured in lead poisoning prevention displays in two hardware stores (Q5)**
- **Slide presentation developed for Spanish speaking audiences (Q6)**

### **OBJECTIVE 1B: Professional Education**

**Strengthen health professionals' awareness of and support for lead poisoning prevention by educating at least 50% of health professionals serving the target area.**

#### CHDP Professionals

25 physicians reached through presentations

- **Collaboration with target area physicians on planning screening project and developing case management procedures (Q5)**

- **Providers sent two mailings about door-to-door project (Q5)**

100 nurses and office staff trained

- **30 staff, providers and community representatives attended a presentation on medical aspects of lead poisoning (Q5)**
- **20 attended a session on lead in ceramics (Q5)**

Mailings to CHDP providers

- **Letter on case management procedures sent to all CHDP providers (Q5)**

#### Inter-Agency Collaboration

15 informational presentations conducted

- **Meetings with Coalition to Prevent Lead Poisoning and People Organized to Demand Environmental Rights (PODER) (Q6)**
- **Slide presentation for mothers of the Children's Council and a two hour session with staff (Q6)**

5 trainings for health professionals conducted

- **Two presentation for 11 staff who translate for medical professionals at San Francisco General Hospital (Q5)**
- **Orientation for DHS Consultation, Education and Information Unit (Q6)**
- **90 minute presentation for staff working with elderly, attended by 35 Filipino and African Americans (Q6)**

4 grand rounds presentations conducted

not completed

5 agency newsletter articles on lead

not completed

## **OBJECTIVE 2: Door-to-Door & Community-Based Screening**

**Using door-to-door outreach and special events, test at least 350 Mission District children at risk of lead poisoning.**

#### Screening

350 children screened

- **50 children screened in collaboration with the Housing Authority and the Tenants Association (Q5)**
- **201 children tested in door to door outreach in high risk area (Q5)**
- **101 tested during community events (food distribution sites, day care centers and a refugee program) in connection with public information activities (Q5)**



700 families counseled

- **Personal contact with 800 persons; 1600 flyers distributed (Q5)**
- **80 parents counseled and referred to CHDP (Q6)**
- **461 persons counseled; 750 fliers distributed (Q6)**

Assessment tool developed

- **Daily logbook developed, used for data collection (Q6)**

Screening protocols developed & implemented

- **Screening protocols for door-to-door screening developed (Q6)**

Screening guide developed

- **Screening guide drafted (Q6)**

### **OBJECTIVE 3A: Case ID & Environmental Investigation**

**Case Follow-Up: For children with PbBs  $\geq 20 \mu\text{g/dL}$ , or persistent PbBs  $\geq 15 \mu\text{g/dL}$ , assure that medical and environmental services are initiated per State protocol guidelines.**

#### Case Management

Parents of children w/ elevated PbBs sent information

- **Letter and info. packet to each child with BLL  $\geq 15 \mu\text{g/dL}$  (Q5)**
- **Letter and information packet for children with BLL  $\geq 20 \mu\text{g/dL}$  (Q6)**

Retesting provided to 65% of children with PbBs  $\geq 15$

- **PHN encourages physicians to retest in 3 months (Q6)**

Call-back system developed

- **Tickler system operational (Q7)**

Home visits initiated for 75% of cases  $\geq 20 \mu\text{g/dL}$  per State protocol

- **Home visit to children with PbBs  $\geq 15 \mu\text{g/dL}$  and complete follow-up form; site evaluation follows home visit (Q5)**
- **PHN and Industrial Hygienist both follow children with BLL  $\geq 20 \mu\text{g/dL}$  (Q6)**

### **OBJECTIVE 3B: Case ID & Environmental Investigation**

**Surveillance: Expand data collection, analysis and tracking capacity in Alameda County.**

#### Data Management:

County data management system(RASSCLE) implemented

- **117 cases entered into o local RASSCLE since September; data retrieval progressing (Q5)**

### **OBJECTIVE 4: Medical Management**



Ensure that medical management is provided for at least 80% of children with PbBs  $\geq 20\mu\text{g/dL}$ , and 95% of children  $\geq 45\mu\text{g/dL}$ .

Medical Management

Information sent to all providers of children with elevated PbBs

- ***District PHN assigned to each case, 100% completion of lead Follow-Up Forms by PHNs (Q5)***
- ***Letter about program and CDC guidelines sent to all providers (Q6)***

80% of cases managed according to State protocol  
not completed

Case follow-up data provided to DHS

- ***In 95% of San Francisco cases, the Follow-Up Form is completed & sent to the State (Q6)***

Data on physician follow-up collected/analyzed  
not completed

**OBJECTIVE 5: Policy Reform**

To increase development and support for progressive laws and policies through political and community channels.

County Level Efforts

6 city and county officials provided information about lead

- ***Meetings held with Lead Poisoning Prevention Committee and Inter-Agency Task Force (Q 5)***
- ***2 presentations for Lead Hazard Reduction Citizens Advisory Committee (Q6)***

3 committees provided staff representation

- ***CLPP maintains membership on 3 Lead Ordinance Committees and the Lead Hazard Reduction Citizens Advisory Committee (Q7)***

## **SAN FRANCISCO CHILDHOOD LEAD PREVENTION PROGRAM**

### **Summary of Achievements and Lessons Learned**

**Fiscal Year 1993-1994**

In the last year, the San Francisco Childhood Lead Prevention Program (CLPPP) has achieved widespread recognition and acceptance in the target area. The staff have established strong ties with neighborhoods and with medical, social and educational agencies, which have enabled the program to reach its goals. Our outreach efforts during this past year have linked our project with agencies that serve children, educate parents, and provide information to the public at large. The following paragraphs briefly describe important strategies and agencies that have contributed to our success in reaching our objectives.

Our strategies are direct. They require cultural sensitivity and the ability to be comfortable with people in a variety of settings. We have visited people at home, in clinic waiting rooms, at WIC programs, in English-as-a-Second-Language (ESL) classes, child care centers, programs for the homeless, church festivals, and street fairs. It has become clear, however, that our key agencies are WIC programs, clinics, community agencies catering to children and/or parents, and the media.

We have found that building relationships within WIC programs is highly relevant to our purpose. During the past year we have provided lead education and referrals to over 1000 pregnant women and for parents of children under 5 years of age. Parents participating in WIC are required to receive health education. Program directors are eager to have CLPPP staff conduct presentations and demonstrations for their clients. We have found parents to be very receptive and appreciative in these learning situations. Clinic waiting rooms have also been important venues for reaching parents with lead messages. Often parents are with their children, and some are able to have their children tested at the Well Child Clinic. Others make appointments to have their children tested at a future date. Pediatric clinic educational outreach has been a very important strategy for reaching parents and testing children.

Staff have developed a variety of educational materials. These materials facilitate presentations, demonstrations and discussions. We have developed and used scripts for slide presentations, training models, lesson plans, enlarged photographs, displays and interactive games very successfully in clinics, classes and street fairs. "Sources of Lead", a three panel display on common sources of exposure, and "The Wheel" game about lead were both developed by project staff and have been extremely useful for demonstrations and teaching.

Our media strategy has evolved as our program has grown. During the past year, more than 30 television stories were broadcast about childhood lead poisoning and our program's activities. In addition to a Spanish language radio talk show, newsletters and several newspaper articles, an article was included in an archdiocesan publication which reached over 60,000 families. The mass media are a powerful voice, and we will continue to use the media as part of our community outreach strategy.





**PROGRESS REPORT**  
**San Francisco Childhood Lead Prevention Program**  
**July 1, 1993 - March 31, 1994**

**OBJECTIVE 1A: Public Information**

Reach 50% of target area residents with information about lead hazards, prevention, and child blood-lead testing.

Community Life

20 County, 6 PODER neighborhood/community presentations

- *5 presentations reaching 118 community members at St. Anthony's Food Distribution Center, Good Samaritan Hospital and Casa Valencia (Q5)*
- *1 presentation provided to 73 parents at a church-based community agency and an organization for women (Q6)*

4 booths at fairs/events

- *Screening event at St. Peter's (Q5)*
- *Screening events at Good Samaritan Hospital, Mission State Pre-Schools (Q6)*

2 promotional items

- *Item: T-shirt (Q7)*

Church Networks

20 church leaders contacted

- *8 Church Leaders contacted at St. Peter's, CARECE, Good Samaritan Hospital, St. Anthony's, and Catholic Charities (Q5)*
- *2 Church Leaders contacted at 1st Baptista and Mission Presbyterian (Q6)*
- *11 Church Leaders contacted at St. Anthony's, St. Peter's, St. Jame's, CARECE, Holy Innocent Episcopalian, Primera Iglesia Baptista, Catholic Charities, Good Samaritan Hospital, Mission Presbyterian, Surifi Order, and Indian Episcopalian (Q7)*

15 presentations for congregations given

- *29 parents at St. Peter's educated about testing pottery from Mexico (Q5)*
- *Clergy at St. Peter's, Catholic Charities, and St. Anthony's arranged educational events at refugee and food distribution center (Q5)*
- *9 presentations conducted for congregation members (Q7)*

10 church newsletter articles published

- *Church bulletin at St. Peter's carried information about sources of lead exposure (Q5)*

- **Article published in the Bulletin of all 60 Catholic Churches in the San Francisco Archdiocese , including San Francisco, Marin and San Mateo counties (Q7)**

#### Child Care-Giver Outreach

30 providers/educators contacted & introduced to issues

- **60 daycare directors contacted and introduced to issues** 20 presentations conducted for 350 parents/staff

- **14 presentations conducted at Head Start programs, licensed preschools, San Francisco School District programs, and church centers reaching approximately 208 parents (Q6)**
- **88 parents and teachers at the Mission Child Center given lead and health information (Q5)**
- **25 parents at St. Patrick's and Buen Diaz Child Centers given lead and health information (Q5)**
- **3 presentations made to Mission Child Consortium, and Head Start Precita Center (Q7)**
- **CHDP survey conducted with child care service directors or managers from Las Americas, Mission Child Care, YMCA, SF Children's Council, 24th Street Mission Child Care and Real Alternative Program (Q7)**

1,000 parents reached with print materials/newsletters

- **200 brochures distributed to Head Start parents through the Precita Center (Q7)**
- **Article in SF Children's News published by SF Children's Council distributed to 3,000 parents (Q7)**

#### Clinic Client Outreach

Reach 100 clients/week through presentations

- **2 presentations reached 37 clinic clients at Mission Neighborhood Health Center (Q5)**
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not completed

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### **OBJECTIVE 1B: Professional Education**

**Strengthen health professionals' awareness of and support for lead poisoning prevention by educating at least 50% of health professionals serving the target area.**

#### CHDP Professionals

25 physicians reached through presentations

- **Collaboration with target area physicians on planning screening project and developing case management procedures (Q5)**



- ***Providers sent two mailings about door-to-door project (Q5)***

100 nurses and office staff trained

- ***30 staff, providers and community representatives attended a presentation on medical aspects of lead poisoning (Q5)***
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- ***90 minute presentation for staff working with elderly, attended by 35 Filipino and African Americans (Q6)***

4 grand rounds presentations conducted

not completed

5 agency newsletter articles on lead

not completed

## **OBJECTIVE 2: Door-to-Door & Community-Based Screening**

**Using door-to-door outreach and special events, test at least 350 Mission District children at risk of lead poisoning.**

#### Screening

350 children screened

- ***50 children screened in collaboration with the Housing Authority and the Tenants Association (Q5)***
- ***201 children tested in door to door outreach in high risk area (Q5)***
- ***101 tested during community events (food distribution sites, day care centers and a refugee program) in connection with public information activities (Q5)***



700 families counseled

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Assessment tool developed

- **Daily logbook developed, used for data collection (Q6)**

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- **Screening protocols for door-to-door screening developed (Q6)**

Screening guide developed

- **Screening guide drafted (Q6)**

### **OBJECTIVE 3A: Case ID & Environmental Investigation**

**Case Follow-Up:** For children with PbBs  $\geq 20 \mu\text{g/dL}$ , or persistent PbBs  $\geq 15 \mu\text{g/dL}$ , assure that medical and environmental services are initiated per State protocol guidelines.

#### Case Management

Parents of children w/ elevated PbBs sent information

- **Letter and info. packet to each child with BLL  $\geq 15 \mu\text{g/dL}$  (Q5)**
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- **PHN encourages physicians to retest in 3 months (Q6)**

Call-back system developed

- **Tickler system operational (Q7)**

Home visits initiated for 75% of cases  $\geq 20 \mu\text{g/dL}$  per State protocol

- **Home visit to children with PbBs  $\geq 15 \mu\text{g/dL}$  and complete follow-up form; site evaluation follows home visit (Q5)**
- **PHN and Industrial Hygienist both follow children with BLL  $\geq 20 \mu\text{g/dL}$  (Q6)**

### **OBJECTIVE 3B: Case ID & Environmental Investigation**

**Surveillance:** Expand data collection, analysis and tracking capacity in Alameda County.

#### Data Management:

County data management system(RASSCLE) implemented

- **117 cases entered into o local RASSCLE since September; data retrieval progressing (Q5)**

### **OBJECTIVE 4: Medical Management**

Ensure that medical management is provided for at least 80% of children with PbBs  $\geq 20\mu\text{g/dL}$ , and 95% of children  $\geq 45\mu\text{g/dL}$ .

Medical Management

Information sent to all providers of children with elevated PbBs

- ***District PHN assigned to each case, 100% completion of lead Follow-Up Forms by PHNs (Q5)***
- ***Letter about program and CDC guidelines sent to all providers (Q6)***

80% of cases managed according to State protocol  
not completed

Case follow-up data provided to DHS

- ***In 95% of San Francisco cases, the Follow-Up Form is completed & sent to the State (Q6)***

Data on physician follow-up collected/analyzed  
not completed

**OBJECTIVE 5: Policy Reform**

To increase development and support for progressive laws and policies through political and community channels.

County Level Efforts

6 city and county officials provided information about lead

- ***Meetings held with Lead Poisoning Prevention Committee and Inter-Agency Task Force (Q 5)***
- ***2 presentations for Lead Hazard Reduction Citizens Advisory Committee (Q6)***

3 committees provided staff representation

- ***CLPP maintains membership on 3 Lead Ordinance Committees and the Lead Hazard Reduction Citizens Advisory Committee (Q7)***

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Public Health

**NARRATIVE REPORT  
SAN FRANCISCO**

**Program Name:** San Francisco Childhood Lead Prevention Program  
Project Number H64/CCH907988-02

**Period Ending:** September 30, 1994  
Quarterly Report #9

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## I. PROGRAM OVERVIEW

DOCUMENTS DEPT.  
JUL 31 1995  
SAN FRANCISCO  
PUBLIC LIBRARY

### A. HIGHLIGHTS

- **Screening at District Health Centers**

The San Francisco Childhood Lead Prevention Program (CLPP) focused considerable time in expanding DPH clinic screening in order to develop a priority-based program for expansion of the project into those areas of the city with the greatest need. To this end, the CLPP was successful in gaining the support of the San Francisco Department of Public Health to increase blood lead screening within its health clinics throughout the city. This important program will provide much-needed data that will serve as a guide for the CLPP to focus its outreach efforts into those districts in greatest need. Initial clinical data indicates an increase in blood lead testing within the 6 months to 6 years age group. This increase is due, in part, to the implementation of a capillary testing protocol in selected clinic facilities. This expanded screening would not have been implemented without the strong support of the Director of Public Health, Dr. Sandra Hernández.
- **Tenant Notification**

A tenant notification program has been developed and implemented during this quarter by the Community Health Worker under the direction of the Principal Investigator. This program is an attempt to reduce lead poisonings among children residing within buildings where another child has been confirmed to have an elevated blood lead level. This labor-intensive outreach by the CLPP staff involves providing tenants with children with lead poisoning prevention information and a referral sheet on where their children can be tested. The information distributed includes locations where nutritional counseling and food coupons can be obtained and where to get help resolving poor housing conditions. Door-to-door

outreach has already resulted in the distribution of over 260 information packets within 40 buildings. The information packets consist of a condensed "Tenant Alert "and environmental findings at that site. The Tenant Alert is available in Spanish, Cambodian, Vietnamese, Cantonese, Laotian, Korean, Tagalog, Samoan and Russian. Many Spanish-language Tenant Alerts have already been utilized.

- **Geneva Towers Housing Project**

The Department of Housing and Urban Development housing facility "Geneva Towers" continued as a source of staff time expenditure., (Attachment 1) The San Francisco Health Commission, following a presentation by concerned tenants, directed the Department of Public Health to conduct additional testing of the potable water service within this housing facility. The CLPP, in conjunction with the Water Quality Section of the Bureau of Environmental Health Services, collected and analyzed 45 first-grab and flushed water sampled in the early morning hours.

41 of the 45 first-grab samples were found in compliance with EPA standards. Four samples were found to exceed 15 ppb. Flushed samples for each of these four apartments were then analyzed and found to exceed 1.1 ppb, still remaining well below EPA maximum allowances.

Follow-up educational outreach will be provided to the residents of the Geneva Towers, informing them of the need to let the water run a short time prior to use, following a period of six hours or more when water was not run. This is consistent with a prior notice sent out by the San Francisco Water Department citywide to all water customers.

- **In-Place Management Training**

An in-place training seminar was presented by Mr. Dennis Livingston in conjunction with the Mayor's Office of Housing. The CLPP assisted in the coordination of this presentation to public and private sector attendees, to include Public Health Nurses who investigate elevated blood lead cases.

- **Bone XRF Study**

The CLPP Public Health Nurse assisted in a research study designed and conducted by Dr. Michael Kosnett of the University of California at San Francisco, Occupational Health Clinic. The study is an attempt to determine if continuing elevated blood lead levels in children removed from the exposure source could be caused by internal stores of lead within the skeletal structure that migrates out



into the blood (Attachment 2). The study was an exciting opportunity for staff to assist in a research project having direct effect on our expanding screening and testing program.

- **Policy Reform**

The CLPP Program Coordinator and Senior Industrial Hygienist met with the Executive Staff of the San Francisco Department of Public Health during a regularly scheduled meeting. The meeting was in preparation for a public hearing before the Health Commission to be scheduled early in the next quarter. This hearing is being held at the request of the two citizens advisory committees.

At this hearing, the CLPP will provide the Commission with an overview of the project's goals and objectives, anticipated budget, accomplishments and frustrations, with a focus on compliance with the mandates of the San Francisco Comprehensive Lead Hazard Reduction Ordinance. A presentation will also be provided by representatives of the advisory committees to obtain their perspective on the directions they see as important to achieve a safer environment for children.

This hearing will serve as an opportunity for the Commission to become more aware of lead exposure issues and to establish policies on how best to address them with available and anticipated resources.

## **B. PERSONNEL**

The CLPP initiated a recruitment outreach for the Health Educator position, funded by this year's CDC grant. A selection panel was developed to review the applications and administer the job interview. It is anticipated that a selection for appointment to this position will be completed in mid-October. The filling of this position will provide a resource that has been long needed by the CLPP to reach its education outreach work plan.

One of the two Community Health Workers will be leaving the program to accept a position with the California Department of Health Services, Childhood Lead Poisoning Prevention Branch. Her services will be sorely missed, creating the need to rapidly initiate a recruitment and selection process to refill this essential position.

The CLPP recognizes the importance of filling the vacant CDC positions in order to meet the goals and objectives established at the beginning of the 1994/95 fiscal year.

## C. POLICY REFORM AND LEGISLATION

The Lead Hazard Reduction Citizens Advisory Committee appointed by the Board of Supervisors is mandated by the San Francisco Lead Ordinance to develop lead hazard abatement legislation requiring property owners to reduce lead hazards within apartments where a child with a confirmed elevated blood lead level resides. This 29-member committee is comprised of such diverse interests as tenant organizations, insurance industry, residential building organization, etc. The CLPP Program Coordinator is a voting member of the committee. The CLPP Senior Industrial Hygienist developed guidelines to provide the committee with a knowledge foundation for its mandated charge. Since that orientation, subcommittees have been working with City Attorneys to draft specific regulatory language. The process has taken an extensive amount of time due, in part, to the desire to reach a consensus among this committee with varied interests.. Because of this factor, the Committee is proposing interim authorization for DPH.

The anticipated legislative language will provide the Department of Public Health with the ability to require lead hazard reduction action by owners when deemed to be in the best interests of public health. This interim measure addressing tenant protection and cost transfer issues will enable the CLPP to address serious lead hazard issues until the Advisory Committee presents its recommendations to the Board of Supervisors for action. Without this interim authority, all owner notification is for information and consultation purposes only, with no compliance authority.

A principal focus of the Public Information program during this reporting period was the notification of tenants of multi-unit buildings where a potential lead hazard exists. The project seeks children who live in buildings where another child has been confirmed to have an elevated blood lead level. Through this notification, tenants are informed of lead hazards that have been identified by the CLPP Senior Industrial Hygienist after performing an environmental assessment of the poisoned child's living unit. Residents are taught lead poisoning prevention principles, are encouraged to have their children tested and are given referrals for other services.

## D. ISSUES OF CONCERN

The CLPP is about to enter a period of significant change due to two factors: 1) a re-engineering of programs and reassignment of staffing within the Department of Public Health; and, 2) the award of a \$1.2 million grant from the State of California CLPPB to be expended over a two-year time period.

The department is in the process of combining two bureaus: Environmental Health, and Toxics and Safety Services. This will result in the reassignment of the Program Coordinator from lead to the Consumer Protection division of the new combined bureau. The annual award of \$600,000 by the State of California Department of Health Services is a short-term revenue resource funded by monies collected from the petroleum and paint industries. These monies, to be expanded for "case management" services, will provide for an expansion of services and staffing requiring the relocation of office facilities. Administrative support services will also be expanded to compensate for the loss of the Coordinator.

The role of program coordination will be taken over by Ms. Karen Cohn, the Senior Industrial Hygienist assigned to the CLPP. Ms. Cohn's extensive abilities, combined with those of an additional administrative aide, will allow the program to maintain its focus on meeting the goals and objectives established by the CDC project for this and all subsequent funded years.





## DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS SAN FRANCISCO COUNTY

### I. PUBLIC EDUCATION OBJECTIVE

By 6/30/95, reach 25% of residents in the expanded target area(s) with information about lead hazards, prevention strategies and screening needs.

#### Outputs and Deliverables

1. Presentations

**STATUS: Ongoing**

#### **Community Presentations** (1,403 of 5,000 persons reached)

Our work in the Inner Mission focused on presentations to WIC, ESL classes, YWCA and a street Health Fair. A total of 1403 persons participated in presentations and 2259 brochures were distributed.

#### **WIC**

Contact was initiated with Health Center 3 to extend our educational efforts to the Outer Mission. Three bilingual presentations were made.

#### **Training and In-services for Adult Workers** (410 persons reached)

The CLPP staff conducted three lead education training for Custodians of the San Francisco Unified School District. Custodians learned about the sources of lead in general, and occupational sources in their work in particular. How lead affects health and how to control exposure to lead involved the custodians in lively discussions.

#### **Adult Education** (200 persons reached)

Mission Community College was very cooperative in allowing field testing of the fotonovela the State Lead Staff is producing. At the same time discussions about what lead is and how it affects children provided education for four ESL classes. The information gained from field testing will be integrated to improve the writing.

#### **The International Ladies Garment Workers Union** (48 persons reached)

Participant provided written and verbal information.

#### **Home Care Providers** (32 persons reached)

A lead training was provided to Residential Care Administrators at Southeast Community College. Mental Health Services invited Poison Control staff and our program to provide information on poisons. Our presentation concentrated on sources of lead and how to control them. Posters and brochures were distributed to all participants.

**Health Centers:** (182 parents reached)

Sixteen presentations at Mission Neighborhood Health Center pediatric and gynecology clinics were conducted.

**Child Care Outreach** (34 persons reached)

A training for 12 teachers who work with children at the Whitney Young Child Care Center. This center serves a predominately Black population and would like to test the children for lead. A parent presentation was conducted at William Shortey Child Care Center. This child center cares for Black residents of the Bay View-Hunters Point. Twenty pregnant women, mothers and two teachers participated in the presentation.

In the Outer Mission, at the Children's Language Child Care Center, a presentation for parents was conducted on what lead is, how it can be prevented and the importance of screening. This centers serves a multicultural group: Anglos, Latinos, Asian, but the majority of the parents were Black.

### **Asian-Language Presentations**

(See Tenant Notification)

**Video Presentations** (361 persons reached)

San Francisco General Hospital and St. Luke's continue being important places to reach pregnant women and parents. These programs started showing the video, "Kids at Risk" on a regular basis. We reached 361 parents at the three sites.

### **2. Fairs and Special Events**

**STATUS: 1 Completed**

The Fiesta de las Americas on 24th Street gave the staff the chance to work with State staff on public education. We provided information, promotional items, referrals to over 400 people in the target area. Contacts were initiated with ethnic leaders who will connect our program to their constituency.

### **3. Literature Distribution (3300 brochures distributed)**

**STATUS: Ongoing**

See Tenant Notification

### **4. Media: Radio Programs (1), Press Releases (1), Newspaper Articles (5)**

**STATUS: To begin in 1995**

### **5. Tenant Notification:**

**STATUS: Ongoing**

140 buildings notified  
260 units provided information  
108 personal contacts made

The tenant notification project will facilitate greater communication with building owners. We have institutionalized a follow-up phone call to building owners. The Industrial Hygienist writes a letter and a report informing the building owner of the hazards in their building and what can be done to remediate these hazards. Soon after this information has been sent out, a follow-up phone call will be made to ensure that the building owner understands the content of the report and receives important information needed for the notification of the tenants.

Our tenant notification activities started this quarter. Staff members notify residents in apartment buildings that in the past or presently a lead poisoned child lived or lives in their building. We go door-to-door and give each tenant a "Tenant Alert" form and educate tenants about lead prevention, screening, and referrals (Attachment (3)).

Log sheets are used to track each visit made. They include information on whether there was personal contact, whether there are small children in the home and whether they have been tested. When sufficient data have been collected, this information will be analyzed and will provide an important window into this high-risk population.

An environmental investigation form facilitates the recording and communication of information among staff members. This includes such crucial information as the building's investigation history and the results identified. It allows us to track interactions that take place with building owners.

#### **Tenant Information Packets**

Over 260 packets of information distributed. These packets include:

A **Cover Sheet** explaining the importance of the tenant packet and how individuals can get information in their own language has also been developed. It is being translated into the nine most common languages in San Francisco and into Lao.

The **Tenant Alert** includes information on where lead was found in the building. The alert encourages having children tested for lead and lets parents know where they can get more information. There is one general Tenant Alert template, which is modified to include information on lead hazards found in a given building. Over 46 Tenant Alerts have been developed this quarter. The Tenant Alert is being translated into Cambodian, Spanish, Vietnamese, Cantonese, Lao, Korean, Tagalog, Samoan and Russian.



**Tenant Notification Protocols** provide details on how the tenant notification process works. They include all of the steps necessary to complete a tenant notification and who is the responsible party for any given task (Attachment 4).

The **Referral Sheet** includes information on where children can be tested for lead, where families can get nutritional counseling and free food coupons, as well as where the families can get help resolving problems with poor housing conditions. Unlike other referral sheets developed in the past, these information sheets have a list of providers all over the city of San Francisco.

We have developed three individual referral sheets. One is in English; the second is in Spanish and lists services that are available in that language. The third is an Asian-language referral sheet, which includes services available in Asian languages. The third will be translated into Lao, Vietnamese, Cantonese, Tagalog, Samoan, Cambodian and Korean. The Asian referral sheet required extensive investigation into demographics of the Asian community, services used in the Asian community, languages provided at various agencies, and field testing.

#### **Simple Measures on Reducing Lead in Your Home**

This pamphlet includes basic information on reducing lead in the home. It is available in Spanish and English.

6. Training for Community Leaders on CHDP Services (7)

**STATUS: To be scheduled**

7. Promotional Materials, Vietnamese, Spanish, Cantonese and Cambodian (1)

**STATUS: Ongoing**

We have developed a working relationship with Southeast Asian Refugee Resettlement Service. It is an organization that translates written materials in most languages spoken in San Francisco, at very reasonable prices.

## **II. Professional Education Objectives**

**By June 1995, 75% of target area CHDP care professionals will be provided in-person education on lead exposure prevention, treatment and screening.**

1. Grand Rounds (2)

**STATUS: 1 Completed**

The CLPP staff presented a Public Health Grand Rounds on our program. The multi-disciplinary audience was greatly impressed with the variety of activities we are carrying out. The Chair of the Lead Coalition made some suggestions about how other parts of the Health Department might support our effort. The suggestions were well received and we are striving to implement them.



2. Mailings to CHDP Providers (0).

**STATUS: In progress**

Results of recently completed independent surveys under review by Principal Investigator.

3. Trainings

**STATUS: In progress**

**In-Service Trainings (39 PHN's)**

In collaboration with the Mayor's Office of Housing, which has recently been awarded a lead abatement grant from HUD, the CLPP conducted a 4 hour training on in place management of lead based paint hazards on July 8, 1994 (Attachment 5). All San Francisco public health nurses were invited and 39 attended (75% of all public health nurses in the city). In total 67 people attended, including people from the Alameda County Lead Prevention Program, the State Lead Program and many other lead contacts from various counties in northern California. The training was conducted by their consultant Mr. Dennis Livingston, from the Baltimore Jobs and Energy Project. The Mayor's Office of Housing's approach in San Francisco intends to be low tech and common sense. Their focus is on controlling lead based hazards by utilizing short term and long term strategies rather than full scale removal of lead based paint. The feedback was extremely favorable from all participants and this set the stage for further collaboration between our two programs.

**Clinical Training (7 DPH Clinics, 4 completed)**

\*

The Principal Investigator has continued to meet with medical staff at the Department of Public Health district health centers to discuss strategy for lead screening and case management. The initial success of the pilot test of capillary sampling at Health Center 4 was of great interest. Staff at several of the other health centers have been trained by the PHN and are now using this approach to increase screening.

A comprehensive information packet sent to all San Francisco Public Health Nurses was compiled by the Industrial Hygienist and Public Health Nurse, with some enclosures from the CLPP Public Health Nurse. This packet included procedural updates and various handouts.

The CLPP has recently embarked on an experiment to increase the amount of capillary screening of children citywide. Until this year, the programs official policy emphasized venous draws only. Due to logistical problems; i.e. lack of a

trained phlebotomist on site, parental objection and cultural difficulties with the idea of venous draws on young children, the CLPP has decided to try a more flexible approach (Attachment 6). The CLPP decided to train all nursing and health worker personnel in proper capillary blood test technique in all health centers city wide in an attempt to increase the volume of children screened in the Department of Public Health district health centers. All Health Centers received extensive training in proper technique and the importance of hand washing. They all saw a 5 minute video on the finger-stick technique provided by the CDC grant coordinator.

At the present time we have experienced few false positives and 2 health centers have doubled their volume. In the next quarter we will be supplementing the phlebotomy services at the health centers with county funds city wide and will continue to emphasize venous draws as the first choice, but when that is impossible finger-sticks will be acceptable.

### **In-Service Training Housing Authority Staff**

#### **Training for Health Inspectors**

#### **Training for Building Inspectors**

#### **4. Presentations**

**STATUS: To be initiated**

- **Presentation to District Executive Staff**
- **Presentation at Health Worker Union Staff Meeting**

### **III. SCREENING OBJECTIVE**

**Increase blood lead testing for children under six years of age by providers in the expanded target area by 25%. Increase testing conducted by Department of Public Health pediatric clinics 50%.**

#### **Outputs and Deliverables**

1. **Test 350 Children at Capp Street Health Center**  
**STATUS: To be initiated next quarter**

2. **Lead Presentations in Clinic Waiting Rooms (4)**  
**STATUS: 1 Completed**

The CLPP has done extensive outreach and in service trainings at 90% of all health centers city wide. The program's Principal Investigator has been

planning meetings with key medical personnel at each health center regarding lead screening.

The effect of our campaign to increase screening at District Health Centers is demonstrated in our data. We expect a greater increase over the next quarter as the other centers come on board.

3. CHDP Data Analysis  
**STATUS: In process**

We have received the CHDP data set for San Francisco children. Because it is designed for reimbursement rather than epidemiology, a great deal of clean up and un-duplication is required. Preliminary analysis suggests that 8% of annual exams of children six months to six years include lead testing. Analysis by service site is consistent with the focus of our program in the Mission District. We plan to discuss these results with the CHDP program to develop an approach to non-screening clinics and physicians, as well as to the parents of CHDP children.

4. CHDP Provider Survey  
**STATUS: To be initiated next quarter**

5. Promotional Materials for Lead Testing  
**STATUS: In development**

#### **IV.MEDICAL MANAGEMENT OBJECTIVE**

**Ensure that medical management services are provided for at least 80% of children with lead levels  $\geq 15 \mu\text{g/dL}$  and 95% of children with lead levels  $\geq 30 \mu\text{g/dL}$ .**

##### **Output and Deliverables**

1. Provider Notification - BP's  $\geq 15 \mu\text{g/dL}$  (100%).  
**STATUS: Ongoing**
2. Parent Notification - BP's  $\geq 10 \mu\text{g/dL}$  (100%).  
**STATUS: Ongoing**
3. Lead Follow-up Forms Completed and Sent to DHS.  
**STATUS: Ongoing**
4. Data Analysis Time  
**STATUS: Ongoing**

The time elapsed from Case Identification to closure is currently 277 days .

5. District PHN Notification BP's  $\geq 15 \mu\text{g/dL}$  (100%)



**STATUS: Ongoing**

The public health nurses citywide have received informational updates and mailings regarding new developments in our program (Attachment 5 ).

6. Case Management

**STATUS: In progress**

The case management system continues to improve. Parents of patients with blood lead levels between 10 and 14 µg/dL have received letters and packets from our program. Levels of 15 and above receive a home visit from the PHN. Levels of 20 µg/dL and above receive a visit from the industrial hygienist. There were 59 active cases at the beginning of the quarter and 64 active cases at the end of this reporting period.

Our system has been streamlined by receiving monthly printouts from the SFGH/UCSF metals lab, which lists all children tested in the Department of Public Health system. This leads to more timely case management follow-up and better data (Attachment 7).

**Identification and Environmental Investigation**

The Senior Industrial Hygienist performed five environmental investigations and three follow-up reports on cases at or above 20 µg/dL. Six lead paint and/or contaminated soil hazards were identified. All premises required remediation of lead hazards. The Industrial Hygienist also developed and distributed a "Lead Hazard Remediation Update" for all Public Health Nurses and Clinic Head Nurses. This was designed to be part of a continuing effort by the CLPP to provide lead hazard identification and management to those medical staffs that come into direct contact with those targeted population at greatest risk (Attachment 8).

7. Educational Materials Distributed

**STATUS: Ongoing**

Materials have been provided to all parents/ guardians of cases reported.

**V. DATA MANAGEMENT OBJECTIVE**

**By June 1995, develop vital data and demographic evaluation resources to serve as the basis of developing lead poisoning prevention strategies.**

**Output and Deliverables**

1. Complete Case Tracking of Outcomes

**STATUS: In process**

Intervention/case control measures evaluation is in development. Changes in blood lead levels) over time and the effect of intervention efforts on such changes will be determined by careful tracking of case management efforts.

2. Improve Timeliness of Surveillance System



**STATUS: Under development**  
Creating design for implementation

3. Obtain Data Missing from Initial Reports

**STATUS: To be completed next quarter**

Use information from PHN visits/IH investigations to obtain complete information for each case. Compile all data into primary database of all cases.

4. Utilize Housing Demographics

**STATUS: Ongoing**

Computerized census tract information can provide housing demographics to identify areas with older housing. Areas with the highest concentration of pre-1940 housing will be of special interest. Concentrated education, outreach and screening efforts can be targeted to those areas.

5. Analyze Variables in EBL Cases

**STATUS: To be started this quarter.**

Environmental investigation reports will be analyzed to determine the correlation of EBL and environmental conditions. Analysis will include the surfaces and areas: 1) most likely to be high in lead content, and 2) most likely to have contributed to the child's EBL. The database will be statistically analyzed to evaluate risk factors for EBL ( $>20 \mu\text{g/dL}$ ). Status: The following factors have been analyzed: Age, race/ethnicity, sex, and age of housing. Additional analyses are pending acquisition of additional data, i.e., the CHDP database.

6. Utilize Data to Identify Target Areas

**STATUS: Refining Index**

A risk factor index to identify areas of greatest risk is in development. Low SES, high concentration of older housing, and high concentration of children under six are being factored for correlation with elevated blood lead levels. A provisional index has been developed, with further refinements to be completed during this fiscal year.



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Public Health

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**NARRATIVE REPORT  
SAN FRANCISCO**

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**Program Name:** San Francisco Childhood Lead Prevention Program

**Project Number:** H64/CCH907988-02

**Period Ending:** December 31, 1994 / Quarterly Report #10

**I. PROGRAM OVERVIEW**

**A. HIGHLIGHTS**

**Presentation to the San Francisco Health Commission**

- The Childhood Lead Prevention Program had its first formal presentation to the Health Commission in charge of the Department of Public Health, on December 20, 1994.

Staff members introduced each focus of our program, including community outreach, case management, surveillance and program evaluation, and environmental hazard remediation. The written report to the Health Commission is attached for reference (Attachment 1).

- **Collaboration with Mayor's Office of Housing Lead Poisoning Primary Prevention Program**

The formalization of the partnership began this quarter between the HUD-funded program of lead hazard remediation in the Mayor's Office of Housing (MOH) and the Department of Public Health's Childhood Lead Prevention Program (CLPP). Staff of both Programs met on two occasions to discuss: a) coordinating lead hazard remediation projects, giving priority to our caseload of children with elevated blood lead levels, and, b) reviewing grant applications from community-based groups for the creation of remediation crews and lead education services. CLPP staff assisted MOH, the building owner and the family affected in one remediation practice project.

- **Lead Screening at District Health Centers**

All seven District Health Centers have received training in the fingerstick blood lead screening technique. The volume of blood lead draws is increasing (Attachment 2).

## **B. PERSONNEL**

- **Program Management**

Program management has changed effective December 19, 1994, as Jack Breslin, former coordinator, returned to his previous position as Assistant Director of Environmental Health. Karen Cohn, Senior Industrial Hygienist, has assumed the role of Program Coordinator.

- **Hiring Activities**

Interview panels involving outside agency and community representatives chose Leticia Medina, already part of the Lead Program, as the new Health Educator and Tracey Abernathy as a new Health Worker. Ms. Abernathy started work on January 3, 1995. One position remains vacant, with hiring decisions pending. Amy Mayeno, Health Worker, left our program in October 1994, after many significant contributions.

## **C. POLICY REFORM AND LEGISLATION**

- **Lead Hazard Remediation Initiative and CLPP Enforcement Role**

Discussions this quarter have prepared the CLPP to create a Lead Hazard Remediation Initiative for our ongoing caseload of children with elevated blood lead levels. Initial steps will be to document voluntary activities by building owners, offer remediation services through the Mayor's Office of Housing Program as appropriate, and document those building owners who refuse to implement our recommendations for lead hazard remediation.

Subsequently, the Health Department is prepared to use the existing Health Code Nuisance Standard to mandate the remediation of lead hazards in the homes of lead poisoned children. This use of the Nuisance Standard may be necessary until the adoption of detailed Case Response Legislation being proposed by the Lead Hazard Reduction Citizens Advisory Committee.

## **D. ISSUES OF CONCERN**

- **Funding of Program**

The CLPP is awaiting expansion of program staff and activities, pending receipt of case management funds (for FY 92-95) generated by state fees on the paint and petroleum industries (AB 2038). Without these funds, many program activities complementary to the CDC grant activities cannot be implemented.

- **Need for Office Space**

The Program is also awaiting a more functional office space to be developed by the City's Real Estate Department.



## DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS

### SAN FRANCISCO COUNTY

#### I. PUBLIC EDUCATION OBJECTIVE

*By 6/30/95, reach 25% of residents in the expanded target area(s) with information about lead hazards, prevention strategies and screening.*

Summary: This quarter presentations and outreach activities reached 1,405 persons with lead education and awareness. Two health fairs, 39 community presentations, and tenant notification in ten buildings account for our outreach efforts. Video showings reached over 9,000 people in WIC programs, and 2,381 brochures were distributed.

#### Outputs and Deliverables

1. **Presentations (to reach 5,000 persons total)**  
**STATUS: Ongoing, 2,864 reached (57% of goal)**

Lead education occurred at the following client locations:

- **WIC Programs:** Four San Francisco Women, Infants and Children (WIC) programs now invite presentations by our Prevention Program. These WIC programs serve pregnant women and children under five years of age. Presentations were made in English and Spanish for 970 parents at San Francisco General Hospital, St. Luke's Hospital and Health Centers 2 and 3.
- **Adult Education:** Lead education through presentations, discussions and ceramic testing was provided to General Education students at John Adams Community College, to classes in English as a Second Language (ESL) at Mission Language and Vocation School, to the Red Cross, and to Law Center students at UC Berkeley. Two bilingual brochures were field tested with the help of ESL and GED students. In these educational centers we reached 93 adult students.
- **Health Centers:** Ten presentations were made at Mission Neighborhood Health Center (MNHC) and the Capp Street Satellite Clinic. Staff reached 140 parents of babies and children.
- **Asian Language Presentations (10)**  
**STATUS: Ongoing, 1 complete**

During the third quarter we hope to hire a Community Health Worker to work with the Chinese-speaking population, primarily in Chinatown. We

will also reach Vietnamese and Cambodians in the Tenderloin, as part of the extended target area.

**2. Video Showings (300)**

**STATUS: Completed, 918 showings**

The video, "Kids at Risk: Getting the Lead Out" was shown 918 times from September to December, reaching 7,568 viewers at Mission Neighborhood Health Center and the WIC programs at San Francisco General Hospital and St. Luke's. Health Centers #3 and 4 will show the videos starting in January, 1995.

**3. Fairs and Special Events ( 5)**

**STATUS: Ongoing, 3 completed**

We participated in two health fairs during this quarter. Redding Elementary School reached a predominately Asian audience. Most of the parents were Chinese and Vietnamese. They were very interested in learning how to test their dishes for lead. We provided brochures in Cantonese and Vietnamese as well as information about how to test ceramic dishes. The second health fair, "Family Connection" was held at Columbia Boys Park Center and reached a multicultural community of parents, children and medical personnel. We reached 65 people.

**4. Literature Distribution (1,000 pieces/month; 12,000/year)**

**STATUS: Ongoing, 6,081 distributed**

We distributed 2781 brochures through presentations and community agencies. Plans for distribution of materials on a monthly basis are now in place, effective January, 1995. A literature rack was ordered and assembled for the Birth Records Office and is now stocked with 200 pieces.

**5. Media Materials (7): Radio Programs (1); Press Releases (1); Newspaper Articles (5)**

**STATUS: Ongoing, 4 television news releases and 2 newspaper articles completed**

The media coverage concerned an experimental XRF bone study conducted with UCSF researcher Dr. Kosnett. An article on lead sources has been submitted to the Food Bank newsletter. It will be published in February, 1995.

**6. Tenant Notification (tenants in 75 buildings notified)**

**STATUS: Ongoing, residents of 49 buildings notified (80% of total)**

Tenants in ten buildings were notified. A total of 135 units were provided with Tenant Information Packets. We had personal contact with 60 persons (a total of 44% of all units notified).

To date we have provided lead informational materials to 423 units and made personal contacts with 189 persons. 108 children under 6 years live in these buildings. 48 of the 75 buildings investigated for lead hazards are owner-occupied, single family homes. The owners have already been notified if lead hazards were found. Tenants in 12 additional buildings will be notified in the third quarter. As new cases are identified in rental units, tenants will be notified.

**7. Outreach to Community Leaders on CHDP Services (30)**

**STATUS: Completed**

The Program made contact with with Program Directors in a wide variety of service areas: schools, childcare agencies, departments of social service, parent education groups, SF Food Bank, Red Cross, YWCA, SF Community College District, other adult education providers, and Kids Talkline Director.

**8. Educational and Promotional Materials in Vietnamese, Spanish, Cantonese and Cambodian (4)**

**STATUS: Ongoing, 3 Completed**

The following materials have been translated: The Tenant Alert into English, Spanish, Cantonese, Cambodian, and Vietnamese; the Dust Fact Sheet into English and Spanish and the Water Fact Sheet into English and Spanish. (Attachment 3). The tenant alert template was translated into Cantonese, Cambodian and Vietnamese in this quarter. In the third quarter, brochures and referral sheets (now in English and Spanish) will be translated into Cantonese, Cambodian and Vietnamese.



## II. PROFESSIONAL EDUCATION OBJECTIVE

*By June 1995, 75% of target area CHDP care professionals will be provided in-person education on lead exposure prevention, treatment and screening.*

### Outputs and Deliverables

#### 1. Grand Rounds (2)

**STATUS:** Ongoing, 1 completed

The first Grand Rounds presentation was conducted last quarter..

#### 2. Mailings to CHDP Providers (2)

**STATUS:** Ongoing

The Principal Investigator and the research staff have been preparing the DPH Epidemiology Bulletin and Insert for CHDP Physician Mailing from data analysis of CLPP screening and case management. Both are expected to be distributed in third quarter.

#### 3. Physician Survey

**STATUS:** Reconsidered/Ongoing

We reviewed the presentation of a physician survey carried out in 1993. The graduate student who conducted the survey gave us a presentation of her study, but cautioned us not to use the results because it has been submitted for journal publication (Attachment 4). The survey addressed most of the issues of interest.

We also reviewed a similar survey among San Francisco pediatricians a few years ago. We decided, with the assistance of the Lead Poisoning Prevention Citizens Advisory Committee (professional education subcommittee), that an additional survey was not necessary, but that we would instead focus on professional education. CLPP staff will carry out individual provider outreach to introduce the services of our program, and to outline screening/case management guidelines.

#### 4. Trainings (7)

**STATUS:** Ongoing. 7 Clinical trainings; 2 PHN Trainings completed.

##### • PHN In-Service Trainings (2)

**STATUS:** Completed

The project reached 39 PHNs at two in-service sessions conducted the previous quarter.



- **Clinical Training (7 DPH Clinics)**  
**STATUS: Ongoing, 7 Completed**

The Childhood Lead Prevention Program is continuing its efforts to increase Department of Public Health lead screening. In the past, the venous method was emphasized. The Program has decided to include the fingerstick method and evaluate its effectiveness. Reasons for this change are the lack of a trained phlebotomist, cultural aversion to venous draws, and parent and provider discomfort with venous draws.

Comprehensive fingerstick training has been conducted at all seven Department of Public Health health centers. Three trainings were conducted last quarter and four were conducted this quarter. All nurses and health workers attended from each health center. They received extensive training in proper collection technique and the importance of hand washing to avoid contamination. A five-minute video on the fingerstick technique was shown to all health workers. Each health center was given the laboratory fingerstick protocol and the necessary equipment. Data are reported in Section III - Screening Objective.

- **In-Service Training for Housing Authority Staff**  
**STATUS: To begin in 4th quarter**
- **Training for Health Inspectors**  
**STATUS: To begin in 4th quarter**
- **Training for Building Inspectors**  
**STATUS: To begin in 4th quarter**

5. **Presentations (2)**  
**STATUS: Ongoing, 8 Completed**

- **Mayor's Office of Housing**

The Public Health Nurse assisted the Mayor's Office of Housing HUD grant by conducting a one-hour training on the health effects of lead. The class consisted of future work teams that may be conducting the abatement work. The attendees were from SLUG (San Francisco League of Urban Gardeners) and the Conservation Corps.

- **Chamber of Commerce**

The Senior Industrial Hygienist spoke in October to the San Francisco Chamber of Commerce - Environmental Education Forum, to explain the

progress of local lead legislation. Approximately 40 people were in attendance.

- **Department of Public Health/ Birth Records Office**

This quarter, the Childhood Lead Prevention Program fulfilled a mandate by our city ordinance in which lead information is to be distributed to every mother and child who goes to obtain their birth certificate at the birth records office. This is an excellent place to reach numerous mothers because 10,000 births are recorded every year. The PHN and Program Coordinator initially met with the supervisor of the birth records division and a plan was devised. An information rack was assembled and lead poisoning prevention information is now being distributed.

The PHN conducted an in-service training to nine persons who staff the birth records office. The in-service training covered basic information on lead exposure prevention and screening and helped staff plan material distribution.

- **Health Worker Trainings**

**STATUS: Ongoing**

Three District Health Centers Executive Staff have received presentations

- **Health Worker Union Staff Meeting Presentation**

**STATUS: 4th Quarter**

### **III. SCREENING OBJECTIVE**

*Increase blood lead testing for children under six years of age by providers in the expanded target area by 25%. Increase testing conducted by Department of Public Health pediatric clinics 50%.*

#### **Output and Deliverables**

1. **Test 350 Children at Capp Street Health Center**

**STATUS: Reconsidered**

During this quarter, the supervisor of the hematology department and the head nurse at Health Center 1 toured the Capp Street Clinic to investigate the feasibility of conducting screening there. They decided that it was not a safe location to conduct screening because of the lack of a sink. Instead, our program has been concentrating on increasing the volume of testing in existing health centers. Since March 1994, the volume of blood lead testing has increased. The numbers since March are as follows:

March	113	June	143	September	214
April 145	July	147	October	164	
May 164	August	192	November	165	
			December	167	

Since the inception of the fingerstick campaign, a total of 164 fingerstick blood leads have been drawn. The breakdown according to Health Centers is as follows:

Health Center 1	0	Health Center 3	37
Health Center 2	1	Health Center 4	121
		Health Center 5	1

So far, we have had approximately six false positive samples (as far as the PHN case manager is aware). We are also investigating the possibility of future screening projects with the Department of Social Services at the AFDC/MediCal offices.

**2. Lead Presentations in Clinic Waiting Rooms (4)**

**STATUS: 1 Completed**

**3. CHDP Data Analysis**

**STATUS: In Progress**

**• Department of Social Services (DSS)**

**STATUS: To be initiated 3rd quarter**

This quarter marked the inception of a new cooperative effort between the Childhood Lead Prevention Program and the Department of Social Services. The Department offers excellent opportunities for outreach, since all low-income children pass through its offices at one time or another. The Department includes the MediCal and AFDC offices and food stamps, foster care and General Assistance programs.

An initial coordination meeting was held in which all top management from each of the above programs attended. All staff from Childhood Lead Prevention Program attended, as well as Neil Gendel from the Coalition to Prevent Lead Poisoning.

In the meeting, it was decided that the Childhood Lead Prevention Program would individually meet with every department head and develop an action plan for their department. The Childhood Lead Prevention Program has offered brochures and posters for the waiting rooms, as well as the possibility of the Childhood Lead Prevention Program outreach workers conducting presentations there. The



possibility of conducting a blood lead screening program at the AFDC office was also discussed.

#### IV. MEDICAL MANAGEMENT OBJECTIVE

*Ensure that medical management services are provided for at least 80% of children with lead levels  $\geq 15$   $\mu\text{g/dL}$  and 95% of children with lead levels  $\geq 30$   $\mu\text{g/dL}$ .*

##### Output and Deliverables

**1. Provider Notification - BP's  $\geq 15$   $\mu\text{g/dL}$  (100%).**

**STATUS: Ongoing**

Laboratory reports of children's blood lead levels  $\geq 15$   $\mu\text{g/dL}$  trigger several routine actions. The Program sends a letter to the child's doctor regarding re-testing and follow-up. A protocol of recommended provider actions is included with the letter, along with a description of services provided by the SF Childhood Lead Prevention Program. The District Public Health Nurse (PHN) conducts follow-up with the family.

**2. Parent Notification - BP's  $\geq 10$   $\mu\text{g/dL}$  (100%).**

**STATUS: Ongoing**

Laboratory reports of children's blood lead levels  $\geq 10$   $\mu\text{g/dL}$  trigger several routine responses. The Program sends a packet of information to the child's parents. The packet contains a letter explaining the test results and the needs for re-testing, as well as lead information materials. The Program maintains a record of all such materials sent out. Children with blood levels  $\geq 15$   $\mu\text{g/dL}$  require more intensive case investigation. The PHN calls the family, informs them of the blood test results. She also lets them know that a nurse and Industrial Hygienist will be visiting the family shortly. She emphasizes that the environmental investigation will be at no cost to the family.

**3. Lead Follow-up Forms Completed and Sent to DHS.**

**STATUS: Ongoing**

Follow-up forms are included in the referral packet the Program sends to District PHN's. Instructions accompany the forms. District PHN compliance in filling out these State forms is excellent. Periodically, staff review medical records. If these forms are missing, staff sends out a letter requesting the form.



**4. Data Analysis Time**

**STATUS: Ongoing**

The time elapsed from Case Identification to closure is currently 277 days.

**5. District PHN Notification BP's  $\geq 15 \mu\text{g/dL}$  (100%).**

**STATUS: Ongoing**

When a child with an elevated blood lead level is identified, the Program determines the appropriate District Health Center for referral. The case is referred to that Health Center, where it is assigned internally. The referral materials include Lead Follow-up Forms, a list of recommended PHN action steps, and a selection of educational materials for parents in the appropriate language.

**6. Case Management**

**STATUS: Ongoing**

There were 64 active cases at the beginning of the quarter and 61 active cases at the end of this reporting period in the target area.

**7. Environmental Investigation**

**STATUS: Ongoing**

The Senior Industrial Hygienist performed three environmental investigations of cases  $\geq 20 \mu\text{g/dL}$  (or persistent  $\geq 15 \mu\text{g/dL}$ ) in the Mission target area. In all three cases, lead paint and or contaminated soil hazards were identified. All premises required remediation of lead hazards.

**8. Educational Materials Distributed (provided to all parents/ guardians of cases reported)**

**STATUS: Ongoing**

As part of routine parent education, the Program sends families with children with blood lead levels  $\geq 10 \mu\text{g/dL}$  educational material packets. Families of children with higher blood lead levels receive this information from the District PHN. The Program is considering conducting an informational mailing of these materials to all pediatric providers in the target area.

## V. DATA MANAGEMENT OBJECTIVE

*By June 1995, develop vital data and demographic evaluation resources to serve as the basis of developing lead poisoning prevention strategies.*

### Output and Deliverables

#### 1. Complete Case Tracking of Outcomes

**STATUS: In process**

To evaluate the impact of our intervention for the highest risk group ( $>20 \mu\text{g/dL}$ ), we identified a cohort of 35 children who were followed for at least six months and assessed whether the lead level had been reduced (either to  $15 \mu\text{g/dL}$  or  $10 \mu\text{g/dL}$  below the initial level). We achieved "success" with 25 children (71%).

#### 2. Improve Timeliness of Surveillance System

**STATUS: Completed for initial target area**

We have achieved prompt reporting of lead testing from San Francisco General Hospital laboratory, which includes clinics there as well as the District Health Centers, the Mission Neighborhood Health Center, and St. Luke's Hospital. These are the major facilities that serve the target neighborhood.

#### 3. Obtain Data Missing from Initial Reports

**STATUS: Partially Completed**

We have obtained some of the missing demographic data and lead levels from San Francisco General Hospital, and are familiar with the process to collect the rest from both computer data retrieval and chart review. We have also initiated the process to obtain missing data from previous years at Mission Neighborhood Health Center.

#### 4. Utilize Housing Demographics

**STATUS: Completed**

We also carried out a case-control study to assess the association between substantial lead elevation ( $>20 \mu\text{g/dL}$ ) and the age of housing. As in other studies, there was a strong relationship: Children living in dwellings built before 1950 were nine times more likely to exhibit substantially elevated lead levels. We will present further analyses and the limitations of these studies in an upcoming Epidemiologic Bulletin.

**5. Analyze Variables in EBL Cases**

**STATUS:** Underway

To evaluate risk factors for lead elevation ( $>10 \text{ } \mu\text{g/dL}$ ) in our screening group, we analyzed the results by demographic factors. The only factor with a significant association was age. As in other studies, one and two-year-olds are at highest risk, presumably because of hand-to-mouth behavior.

**6. Utilize Data to Identify Target Areas**

**STATUS:** Underway

We developed an index of risk of childhood lead poisoning based on number of children in poverty and number of old dwellings. We then applied this index to census tracts in San Francisco. The resulting map (Attachment 5) indicates that while the risk of lead poisoning is present throughout San Francisco, there are areas of concentration. Besides the Mission District, our current target area, the Bayview-Hunters Point, Tenderloin, Western Addition, and Richmond neighborhoods are at higher risk. We plan to use this information, with community input, in identifying additional targets for our project.





JUN 19 1995

SAN FRANCISCO  
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SAN FRANCISCO

Program Name: San Francisco Childhood Lead Prevention Program

Project Number: H64/CCH907988-03

Period Ending: March 31, 1995  
Quarterly Report #11

## I. PROGRAM OVERVIEW

## A. HIGHLIGHTS

Significant time this quarter was spent in the preparation of our renewal application to fund the fourth year of this grant from the Centers for Disease Control. One key change from last year is the formalization of new target areas, grouped as the Southeast Sector (Bayview, Hunters Point, Visitacion Valley, selected areas of Outer Mission) and the Northeast Sector (Tenderloin, Chinatown).

- Initiation of New Target Area: Southeast Sector

In January 1995, San Francisco Childhood Lead Prevention Program initiated a comprehensive assessment and outreach plan within the Southeast section. The first phase of activities included a target area assessment. This included identifying and compiling a list of community service providers: public and community-based agencies that have both direct and indirect contact with at risk children and their parents.

This second phase consisted of contacting the community service providers and conducting site visits, attending community meetings and distributing lead prevention materials within the community. These activities allowed staff to introduce the lead program to the Southeast community, gain important insight into the community's needs and issues, and establish working relationships with community agencies and leaders.

Currently, staff is conducting on-going parent presentations in three public/ community-based clinics, daycare centers and community-based organizations. Future plans are being developed to conduct train the trainer workshops specifically for the target area community-based organizations. These workshops will provide a more comprehensive overview of lead poisoning, and provide CBO's staff with a better



understanding of lead poisoning which in return can be relayed to the local population.

- **Spanish Language Media Coverage**

The SFCLPP collaborated with Poison Control Center's "Prevent Lead Poisoning in your Home" children's poster contest for schools in six Bay Area counties. We were responsible for contacting the Spanish media. Two press releases generated a lot of interest in lead related issues and resulted in two TV news programs and a radio interview. Radio La Grande 1010 interviewed a staff member for the morning news and covered health effects and the problems associated of old housing in Latino mission community. The TV segments appeared two days during the evening news. A reporter came to our office and did a news segment on Mexican pottery as a lead source. The second segment dealt with health effects of lead poisoning. Presently, a future series on home remedies is being explored.

- **Individual Provider Outreach Visits**

Individual provider outreach visits were initiated this quarter by the programs public health nurse in collaboration with the CHDP deputy director. During this quarter twelve providers were visited. This covers 50% of the providers in the existing target area (Inner Mission) and 75% in our expanded target area (Bayview Hunters Point).

The overall purpose was to encourage more routine screening and to find out obstacles for the MDs. So far the results have been very encouraging. The providers have responded favorably to the personal contact. Some have even said that they would voluntarily submit logs of children screened to our program. The overall goal is to cover all CHDP providers in our target area and then eventually the entire city. Our experience has shown that many providers do not have time to read materials sent to them and they did not know the specific screening guidelines. We are finding that personal one on one visits are very beneficial and have contributed towards a warmer working relationship with our CHDP providers.

- **Publication of Epidemiology-Bulletin on SF Childhood Lead Poisoning; Creation of City-wide Predicted Risk Map**

In the first quarter of 1995, the San Francisco Childhood Lead Prevention Program developed a substantive review of the results of CLPP screening and case-management activities to date. This review was published in the





January/February of the San Francisco Epidemiologic Bulletin of the Bureau of Epidemiology and Disease Control, San Francisco Department of Public Health (Attachment 1). This report provides a description of the results of lead screening; identification of risk factors associated with elevated blood lead; and evaluation of the case-management program.

Also presented in the Epidemiologic Bulletin report are proposed high-risk neighborhoods in San Francisco for targeting environmental interventions and intensified professional and public education on lead hazards. The CLPP utilized data from the 1990 U.S. Census to identify high-risk neighborhoods within San Francisco. Information about the number of dwellings built before 1940 and the number of children under age six living below the poverty level was used to create a risk factor index for lead poisoning. Based on the risk factor index, census tracts were categorized as of higher, medium, or lower risk, and a map was generated to display the geographic distribution of predicted lead risk within San Francisco. Identification of areas of higher/medium predicted risk provided the CLPP with vital information which was used to select the two new CLPP target areas in the Southeast and Northeast sectors of San Francisco.

## **B. PERSONNEL**

- **Hiring Activities**

Interview panels involving outside agency and community representatives selected a new Cantonese-speaking Community Health Outreach Worker, needed to initiate our new target area in the Northeast Sector. The job offer is in progress at this moment. The timeline on this hiring was longer than expected, because this panel was convened twice in order to find a qualified candidate.

Bill Vicini, Administrative Assistant, left our program at the end of March 1995, after many significant contributions to our program. Hiring for his replacement is scheduled for April.

- **Moving Office**

We have the opportunity to move into an office that will better serve program needs, still located in the Civic Center area. Many logistical details are being worked out at this time, with a complete move expected by the end of April.

## **C. POLICY REFORM AND LEGISLATION**



- **Preparation for New Compliance Role**

The Childhood Lead Program will soon implement an interim enforcement program, using the San Francisco Health Code Nuisance Standard. This is a short-term, six-month measure, intended to fill the gap until specific legislation is given to the Board of Supervisors by a Citizen Advisory Committee, and then passed as legislation. It will require building owners to document their response to our Notice of Lead Hazards, following case investigation. The new report format was drafted this quarter, and approved by management and City Attorneys. Previous reports will also be reissued for open caseload, to determine if those building owners have completed the needed hazard corrections.

#### **D. ISSUES OF CONCERN**

- **Staffing Needs for Expansion of CDC Target Areas**

In our grant renewal application, we requested an additional Spanish-speaking community health outreach worker, for several reasons. Although Leticia Medina, Health Educator, is Spanish-speaking, while taking care of her primary responsibilities for media and materials development, and staff supervision, she cannot perform all the field work of an outreach worker. We would like to continue our activities in the Mission, and selected areas of the Outer Mission, with significant monolingual Spanish-speaking populations. In addition, many Spanish speakers are also found in the Tenderloin and the Southeast Sector of the city.

- **Federal Funding for Childhood Lead Poisoning Prevention Activities**

This funding appears to be in jeopardy due to positions taken by the new Congress. As we are just beginning to educate and inform residents of San Francisco, this is a very threatening development to the prevention of childhood lead poisoning.





## DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS SAN FRANCISCO COUNTY

### I. PUBLIC EDUCATION OBJECTIVE

*By 6/30/95, reach 25% of residents in the target area(s) with information about lead hazards, prevention strategies and screening needs.*

Summary: Lead education and awareness activities reached 1,901 persons this quarter. Two Health Fairs, 52 Community Presentations, tenant notification in buildings, 9 media activities, 11 Asian presentations, brochures distribution 26,254 were important elements of outreach and education.

#### Outputs and Deliverables

1. Presentations (to reach 5,000 persons total)  
STATUS: Ongoing: 4,765 reached (95% of goal).
- **WIC Programs:** Presentations at women, infants and children programs reached 924 parents, pregnant women and children under five years of age. Presentations were made in English and in Spanish at San Francisco General Hospital, St. Luke's Hospital and Health Center.
- **Child Care Centers:** Six parent presentations at Child Care Centers reached 141 persons. Bilingual (English/Spanish) presentations were made at Mission Education, Excelsior, Theresa Mahler and in English at Sunnydale, Visitation and Whitney Young Child Care Centers.
- **Community Agencies:** Six lead trainings or presentations were made for parents, community organizers/activists, school teachers and food distribution organizers. We reached 256 in the following community agencies; The Food Bank, St. Peter's Housing, StarrKing Elementary Schools, Visitation Support Group and San Francisco Educational Services.
- **Health Centers:** Seven presentations were made at Mission Neighborhood Health Centers, Capp Street Satellite Clinic and Geneva Towers. We reached 81 parents.

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- **Asian Language Presentations:** Eleven presentations were made, eight in Chinatown Schools, one in the Tenderloin and one in Outer Mission. Presentations were in Chinese, Vietnamese and English and translators were available in the parent class.

2. **Video Showings (300)**

**STATUS:** Completed, 918 showings as of 12/94

3. **Fairs and Special Events (5)**

**STATUS:** Completed

Geneva Towers held a health fair on January 21, 1995, at which we reached fifteen persons. San Francisco State University's Spring Safety Fair reached 200 students and teachers. We provided literature and displayed contaminated pottery and Mexican candy.

4. **Literature Distribution**

**STATUS:** Completed, 26,254 distributions to date.

Outreach efforts this quarter reached 37 Health Centers, WIC Programs, a consortium of clinics, the Department of Social Services and some of the San Francisco Unified School District Child Development Centers. We distributed 21,204 brochures and 106 posters.

5. **Media Coverage**

**STATUS:** Completed, 15 media broadcasts.

A radio spot in English and in Spanish was taped and aired by KPOO (other copies of the lead message recommending screening will be sent to other radio stations). Channel 14 showed two lead segments as part of the evening news: *Mexican Pottery as a Source of Lead*, and *Why Test Children for Lead*. Two press releases were sent to TV stations and a radio station. A radio interview followed from the press release.

6. **Tenant Notification**

**STATUS:** Ongoing, residents of 60 buildings notified

During this quarter, tenants in eleven buildings were notified, 90 units provided with tenant information packets, 44 personal

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contacts made, including pregnant women and 19 children less than 6 years old. To date tenants in sixty buildings have been notified (97% of all buildings needing notification), 513 units provided tenant information packets, 233 personal contacts made (45% of all units notified), 127 children less than 6 years old and pregnant women reached through personal contacts.

The original objective was to notify tenants living in 75 buildings in this fiscal year. This did not take into account that a sizable number of potential buildings do not need notification. Some 56 buildings did not need notification because they are owner occupied, single family residences, no environmental report was done, or no hazards were found. Of the 118 total buildings where CLPP cases ( $\text{PbB} \geq 20 \mu\text{g/dL}$ ) have resided, 116, or 98%, have either been completed or do not require tenant notification. Two buildings with known hazards will be notified in the fourth quarter. Additional buildings will be notified as needed per the tenant notification protocol.

7. Outreach to community leaders on CHDP Services  
STATUS: 30 Completed.

We continue to provide CHDP information.

8. Educational and Promotional Translations (4)  
STATUS: Ongoing, three completed.

This quarter translations are in progress for a lead brochure in Cantonese, Vietnamese, Spanish, Cambodian and Russian.

## II. PROFESSIONAL EDUCATION OBJECTIVE

*By June 1995, 75% of target area CHDP care professionals will be provided in-person education on lead exposure prevention, treatment and screening.*

### Outputs and Deliverables

1. Grand Rounds (2)  
STATUS: Ongoing

The first Grand Rounds presentation was conducted at Department of Public Health.



**2. Mailings to CHDP Providers (2)**

**STATUS: Ongoing**

Principal Investigator and research staff have completed the DPH Epidemiology Bulletin for mailing to physicians, providing data analysis of CLPP screening and case management. Thirteen CHDP providers have been sent written materials outlining major points discussed during individual provider visits.

**3. Physician Survey**

**STATUS: Reconsidered**

We reviewed the presentation of a physician survey carried out in 1993. This survey addressed most of the issues of interest. With assistance from the Lead Poisoning Prevention Citizens Advisory Committee, we decided that an additional survey was not necessary. Instead, CLPP staff will carry out individual provider outreach to introduce the services of our program, and to outline screening and case management guidelines.

**4. Trainings (7)**

**STATUS: Ongoing, 6 completed**

Four trainings for the Department of Public Health clinic staff, and two Public Health Nurse trainings have been completed. In the fourth quarter staff will provide training to two additional groups: Environmental Health Inspectors and Building Inspectors. The San Francisco Housing Authority has initiated its own training program for site management staff.

**5. Presentations (2)**

**STATUS: Completed, 8 completed**

The Senior Industrial Hygienist spoke in October to the San Francisco Chamber of Commerce-Environmental Education Forum, to explain the progress of local lead legislation.

The Public Health Nurse assisted the Mayor's Office of Housing HUD grant by conducting a one-hour training on the health effects of lead. The PHN conducted an in-service training to Birth Records office staff.





## 6. Initiation of Individual Provider Outreach Visits

### STATUS: Ongoing

Individual provider outreach visits were initiated this quarter by the public health nurse. The CHDP provider relations nurse assisted the CLPP nurse in planning the strategy. She also accompanied the PHN on one provider visit to give feedback. During this quarter twelve CHDP providers were visited, covering 50% of the providers in the existing target area (Inner Mission) and 75% in our expanded target area ( Bayview Hunters Point). The visits lasted from 15 minutes to one hour depending on the availability of the physician. One major in-service training was conducted at the Native American Health center in which all medical staff (8 people, including the physician) attended. The following topics were covered:

- CHDP/CDC screening protocols
- Case management procedures
- High risk areas of the city and prevalence rates in San Francisco
- Summary of CLPP's door to door project
- Common sources of lead exposure (including home remedies and ceramics)
- Fingerstick vs. venous sampling

A packet containing a sampling of educational materials, including the state's lead poisoning prevention poster, was left with each doctor. The overall purpose was to encourage more routine screening and to find out obstacles for the physicians. So far the results have been very encouraging. The providers have responded favorably to the personal contact. Some have even said that they would voluntarily submit to our program logs of children screened. Often a follow up visit was conducted by the PHN with the office manager. We plan to cover all CHDP providers in our target area and then eventually the entire city.

Our experience has shown that many providers do not have time to read materials sent to them and they did not know the specific screening guidelines. We are finding that personal one on one visits are very beneficial and have contributed towards a warmer working relationship with our CHDP providers.

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### III. SCREENING OBJECTIVE

*Increase blood lead testing for children under six years of age by providers in the expanded target area by 25%. Increase testing conducted by Department of Public Health pediatric clinics 50%.*

#### Output and Deliverables

##### 1. Test 350 Children at Capp Street Health Center

**STATUS: Reconsidered**

The supervisor of the hematology department and the head nurse at Health Center 1 toured the Capp Street Clinic to investigate the feasibility of conducting screening there. They decided that it was not a safe location to conduct screening because of the lack of a sink.

##### • Department of Public Health Sites

**STATUS: Ongoing**

Our program has been concentrating on increasing the volume of lead tests in existing health centers. Data are reported below. Since March 1994 to the present time, the volume of blood lead has increased. The numbers since March are as follows:

##### 1994 data:

March 113	June 143	September 214
April 145	July 147	October 164
May 164	August 192	November 165
		December 167

Since the inception of the fingerstick campaign, a total of 164 fingerstick blood leads have been drawn. The breakdown according to Health Centers is as follows:

Health Center 1	0	Health Center 3	37
Health Center 2	1	Health Center 4	121
		Health Center 5	1

So far, we have had approximately six false positive samples (as far as the PHN case manager is aware.

##### 2. Lead Presentations in Clinic Waiting Rooms (4)

**STATUS: 1 Completed**





3. CHDP Data Analysis  
STATUS: In Progress

- Department of Social Services (DSS) Project

This quarter has seen many developments in our on going project with the Department of Social Services. Three major trainings have been held. 200 staff members received an in service on lead. Participants were supervisors and line staff from both the AFDC and MediCal offices. Posters were placed in all waiting rooms. A new educational brochure stand was placed in the AFDC waiting room. A system was set up in which lead educational materials are to be distributed on a regular basis. In the future, a lead article will appear in the Foster Care newsletter. We are also considering the possibilities of doing a mass mailing of a lead educational brochure to all AFDC recipients. In the next quarter trainings are scheduled for all Foster Care Staff

A new cooperative effort between the Childhood Lead Prevention Program and the Department of Social Services has been initiated, with the goal of DSS staff being able to integrate lead education within their social service activities. The Department of Social Services includes the medical office, AFDC office, food stamps, foster care and General Assistance.

An initial coordination meeting was held in which all top management from each of the above programs attended. All staff from Childhood Lead Prevention Program attended, as well as Neil Gendel from the Consumer Action Lead Poisoning Prevention Project. The PHN reached many divisions of the Department of Social Services through medical training for 30 administrators on January 24th and AFDC Division meetings for 160 staff on February 24 and 27.



#### IV. MEDICAL MANAGEMENT OBJECTIVE

*Ensure that medical management services are provided for at least 80% of children with lead levels  $\geq 15 \mu\text{g/dL}$  and 95% of children with lead levels  $\geq 30 \mu\text{g/dL}$ .*

##### Output and Deliverables

1. Provider Notification - BP's  $\geq 15 \mu\text{g/dL}$  (100%).

STATUS: Ongoing

Laboratory reports of children's blood lead levels  $\geq 15 \mu\text{g/dL}$  trigger several routine actions. The Program sends a letter to the child's doctor regarding re-testing and follow-up. A protocol of recommended provider actions is included with the letter, along with a description of services provided by the SF Childhood Lead Prevention Program. The District Public Health Nurse (PHN) conducts follow-up with the family.

2. Parent Notification - BP's  $\geq 10 \mu\text{g/dL}$  (100%).

STATUS: Ongoing

Laboratory reports of children's blood lead levels  $\geq 10 \mu\text{g/dL}$  trigger these routine responses. The Program sends a packet of information to the child's parents. The packet contains a letter explaining the test results and the needs for re-testing, as well as lead information materials. The Program maintains a record of all such materials sent out. Children with blood levels  $\geq 15 \mu\text{g/dL}$  require more intensive case investigation. The PHN calls the family, informs them of the blood test results. She also lets them know that a nurse and Industrial Hygienist will be visiting the family shortly. She emphasizes that the environmental investigation will be at no cost to the family.

3. Lead Follow-up Forms Completed and Sent to DHS.

STATUS: Ongoing

Follow-up forms are included in the referral packet the Program sends to District PHN's. Instructions accompany the forms. District PHN compliance in filling out these State forms is excellent. Periodically, staff review medical records. If these forms are missing, staff sends out a letter requesting the form.





**4. Data Analysis Time**

**STATUS: Ongoing**

The time elapsed from Case Identification to closure is currently 277 days.

**5. District PHN Notification BP's  $\geq 15 \mu\text{g/dL}$  (100%).**

**STATUS: Ongoing**

When a child with an elevated blood lead level is identified, the Program determines the appropriate District Health Center for referral. The case is referred to that Health Center, where it is assigned internally. The referral materials include Lead Follow-up Forms, a list of recommended PHN action steps, and a selection of educational materials for parents in the appropriate language.

**6. Case Management**

**STATUS: Ongoing**

There were 82 active cases ( $\geq 15 \mu\text{g/dL}$ ) from July 94 through March 95, citywide. Cases in the Mission District target area (Health Center 1 area) are reflected in each quarterly report.

**7. Environmental Investigation**

**STATUS: Ongoing**

The Senior Industrial Hygienist performed environmental investigations of all cases  $\geq 20 \mu\text{g/dL}$  (or persistent  $\geq 15 \mu\text{g/dL}$ ) citywide, including in the Mission target area.

**8. Educational Materials Distributed (provided to all parents/guardians of cases reported)**

**STATUS: Ongoing**

As part of routine parent education, the Program sends families with children with blood lead levels  $\geq 10 \mu\text{g/dL}$  educational material packets. Families of children with higher blood lead levels receive this information from the District PHN.



## V. DATA MANAGEMENT OBJECTIVE

*By June 1995, develop vital data and demographic evaluation resources to serve as the basis of developing lead poisoning prevention strategies.*

### Output and Deliverables

#### 1. Complete Case Tracking of Outcomes

**STATUS: Ongoing**

To evaluate the impact of our intervention for the highest risk group ( $>20 \mu\text{g/dL}$ ), we identified a cohort of 35 children who were followed for at least six months and assessed if the lead level had been reduced (either to  $15 \mu\text{g/dL}$  or  $10 \mu\text{g/dL}$  below the initial level). We achieved improvement with 25 (71%).

#### 2. Improve Scope and Timeliness of Surveillance System

**STATUS: Achieved for initial target area; in progress for expanded target areas**

We have achieved prompt reporting of lead testing from San Francisco General Hospital laboratory, which includes clinics there as well as the District Health Centers, the Mission Neighborhood Health Center, and St. Luke's Hospital. These are the major facilities that serve the target neighborhood.

#### 3. Obtain Data Missing from Initial Reports

**STATUS: Partially completed**

We have obtained most of the missing demographic data and lead levels from San Francisco General Hospital, and are familiar with the process to collect the rest from both computer data retrieval and chart review. We have also initiated the process to obtain missing data from previous years at Mission Neighborhood Health Center.

#### 4. Utilize Housing Demographics

**STATUS: Completed**

We also carried out a case-control study to assess the association between substantial lead elevation ( $>20 \mu\text{g/dL}$ ) and the age of housing. As in other studies, there was a strong relationship: Children living in dwellings built before 1950 were nine times more likely to exhibit substantially elevated lead levels. Analysis and limitations of these studies are published in the Jan/Feb. issue of San Francisco Epidemiologic Bulletin. See #6.





**5. Analyze Variables in EBL Cases**

**STATUS: Ongoing**

To evaluate risk factors for lead elevation ( $>10\text{ }\mu\text{g/dL}$ ) in our screening group, we analyzed the results by demographic factors. The only factor with a significant association was age. As in other studies, one- and two-year-olds are at highest risk, presumably because of hand-to-mouth behavior.

**6. Utilize Data to Identify Target Areas**

**STATUS: Completed/ See attached map**

We developed an index of risk of childhood lead poisoning based on number of children in poverty and number of old dwellings. We then applied this index to census tracts in San Francisco. The resulting map indicates that while the risk of lead poisoning is present throughout San Francisco, there are specific predicted areas of concentration. Besides the Mission District, our current target area, several other neighborhoods are at higher risk.



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NARRATIVE REPORT  
/ SAN FRANCISCO

2/30/95

Program Name: San Francisco County Childhood Lead Prevention Program

Project Number: H64/CCH907988-02

Period Ending: June 30, 1995

DOCUMENTS DEPT.

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PART 1: PROGRAM OVERVIEW

A. HIGHLIGHTS

- Spanish-Language TV Broadcast on Home Remedies

Channel 14, a Spanish-language television station, produced a two-part news segment on home remedies and ceramics. The segments were shown in San Francisco and the greater Bay Area, as well as in other parts of the U.S. and Latin America.

- HEPA Vacuum Voucher Program

In June, staff provided information to PHNs from Health Center 1 on the new HEPA vacuum voucher program. This program enables case families to rent a HEPA vacuum to clean up lead in their homes, with rental costs covered by MOH grant funds. The CLPP will issue rental vouchers through PHNs to all case families. These vouchers are redeemable for HEPA vacuum rental at Cole Hardware.

- Initiation of New Target Area: Northeast Sector

Activities were initiated in the Chinatown and Tenderloin areas. Community outreach efforts included: meeting directors, introducing them to the SF CLPP, conducting presentations to child and parent programs in English, Mandarin and Cantonese.

- New Office

The move occurred on May 1st. The new office is gradually becoming functional.

B. PERSONNEL

David Lo, Community Health Outreach Worker, and Tom Andruszewski, Administrative Assistant, joined our staff on May 1st (Attachment 1).

## PART 2: DETAILED OBJECTIVES, ACTIVITIES AND OUTPUTS

### II. PUBLIC EDUCATION OBJECTIVE

*By 6/30/95, reach 25% of residents in the expanded target areas with information about lead hazards, prevention strategies, and screening.*

1. Presentations (to reach 5,000 persons total)  
STATUS: Complete. (6,638 persons reached; 133% of goal)  
This quarter, lead education in English, Cantonese, and Spanish at WIC Programs reached 1,278 parents. Presentations also reached 246 parents at health clinics, and 35 parents at child care centers, 135 adults at community agencies.
2. Video Showings (300)  
STATUS: Complete. (918 showings; 327% of goal)  
See Quarterly Report #11 for details.
3. Fairs and Special Events ( 5)  
STATUS: Complete. (12 completed, 240% of goal)  
Seven fairs this quarter reached a total of 1,445 persons.
4. Literature Distribution (1,000 pieces/month; 12,000/year)  
STATUS: Complete. (41,884 pieces distributed, 349% of goal)  
Outreach efforts reached Health Centers, WIC programs, clinics, as well as libraries at City College, S.F. State University, Visitation Valley, 24th Street, and S.F. Main Library.
5. Media Materials (7)  
STATUS: Complete. (19 broadcasts/publications, 242% of goal)  
Media coverage of childhood lead poisoning prevention has included 8 TV appearances, 4 newsletter articles, 3 radio spots, 2 press releases, 2 radio PSAs. Channel 14, the primary Bay Area Spanish-language station, produced "Azarcon: Remedy or Poison?" with assistance from the program. Channel 14 also broadcast two segments during the evening news.
6. Tenant Notification (tenants in 75 buildings notified)  
STATUS: Ongoing (tenants in 61 buildings notified, 95% of goal)  
Tenants in 1 new buildings were notified of lead hazards. Informational materials were provided to residents of five units. Staff personally contacted four persons. At least 3 children under 6 years were reached directly. Four new buildings have been identified for outreach next quarter.
7. Outreach to Community Leaders on CHDP Services (30)  
STATUS: Completed.  
See Quarterly Report #11 for details.



8. Educational and Promotional Materials in Vietnamese, Spanish, Cantonese and Cambodian (4)

STATUS: Complete (5)

The following materials have been translated: the Tenant Alert (English, Spanish, Cantonese, Cambodian, and Vietnamese); the Dust Fact Sheet (Spanish), and the Water Fact Sheet (Spanish).

9. Presentations to Asian Groups (10)

Status: Completed. (21 presentations, 210% of goal)

Eleven community presentations were conducted in Chinese this quarter.

## II. PROFESSIONAL EDUCATION OBJECTIVE

*By June 1995, 75% of target area CHDP care professionals will be provided in-person.*

1. Grand Rounds (2)

STATUS: Complete (3)

Grand Rounds presentations were conducted this quarter at St. Luke's and Mt. Zion Hospitals.

2. Mailings to CHDP Providers (2)

STATUS: Completed.

The DPH Epidemiology Bulletin was sent to 50 medical providers.

3. Physician Survey

STATUS: Reconsidered

See Quarterly Report #11 for details.

4. Trainings (7)

STATUS: Complete. (9 conducted, 150% of goal)

A general overview on lead was provided to 50 environmental health inspectors. Staff conducted an in-service training attended by 39 PHNs, and 15 individuals from various disciplines. Presentations were given by CDHS and the State Occupational Lead Program. Some 80 field staff from the Department of Social Services Foster Care Unit also attended an in-service training on lead.

5. Presentations (2)

STATUS: 8 Completed

See Quarterly Report #11 for details.

## III. SCREENING OBJECTIVE

*Increase blood lead testing for children under six years of age by providers in the expanded target area by 25%. Increase testing conducted by Department of Public Health pediatric clinics 50%.*

1. Test 350 Children at Capp Street Health Center  
STATUS: Reconsidered  
See Quarterly Report #11 for details.
2. Lead Presentations in Clinic Waiting Rooms (4)  
STATUS: Complete.  
Presentations in clinic waiting rooms have reached some 250 adults.
3. CHDP Data Analysis  
STATUS: In Progress  
Phlebotomy support to the Health Department's District Health Centers resulted in a 45% increase in testing over levels recorded in April-June of the previous year.
4. Department of Social Services (DSS)  
STATUS: Ongoing.  
A cooperative effort between the Program and the Department of Social Services has integrated lead education within social service activities.

#### IV. MEDICAL MANAGEMENT OBJECTIVE

*Ensure that medical management services are provided for at least 80% of children with lead levels  $\geq 15$   $\mu\text{g/dL}$  and 95% of children with lead levels  $\geq 30$   $\mu\text{g/dL}$ .*

1. Provider Notification: PbBs  $\geq 15$   $\mu\text{g/dL}$  (100%).  
STATUS: Ongoing.  
A detailed description of activities 1-5 is included in Quarterly Report #11.
2. Parent Notification - PbB  $\geq 10$   $\mu\text{g/dL}$  (100%).  
STATUS: Ongoing.
3. Lead Follow-Up Forms Completed and Sent to DHS.  
STATUS: Ongoing.
4. Data Analysis Time  
STATUS: Ongoing.  
The time elapsed from Case Identification to closure is currently 277 days.
5. District PHN Notification PbB  $\geq 15$   $\mu\text{g/dL}$  (100%)  
STATUS: Ongoing.
6. Case Management  
STATUS: Ongoing  
Fifteen new cases ( $\geq 15$   $\mu\text{g/dL}$ ) were identified in the extended target area. A recent assessment of the program's case management system recently confirmed the Program's effectiveness in reducing child blood lead levels.

Blood lead levels were reduced  $\leq 10 \mu\text{g/dL}$  for 77% of children meeting the case definition. For additional detail, please refer to Quarterly Report #11.

7. Environmental Investigation

STATUS: Ongoing.

Staff provided comprehensive referral logs and information on all children with elevated blood lead levels to the Mayor's Office of Housing (MOH), Lead Hazard Reduction Program. The MOH will use this information to identify high priority homes for in-place management of lead hazards.

8. Educational Materials Distributed

STATUS: Ongoing.

9. Community Subcontract: San Francisco League of Urban Gardeners (SLUG)

A new sub-contract was initiated with SLUG to conduct a needs assessment for topsoil hazards accessible to children in the Southeast sector target area (Attachment 2). SLUG will conduct research to determine past and present industrial sites where children may play in open lots, and be exposed to lead in bare topsoil. This needs assessment will produce a list of priority sites to be evaluated.

## V. DATA MANAGEMENT OBJECTIVE

*By June 1995, develop vital data and demographic evaluation resources to serve as the basis of developing lead poisoning prevention strategies.*

1. Complete Case Tracking of Outcomes

STATUS: Completed.

Please refer to Quarterly Report #11 for details.

2. Improve Timeliness of Surveillance System

STATUS: Completed.

We have achieved prompt reporting of lead test results from San Francisco General Hospital laboratory, and the Mission Neighborhood Health Center, as well as the District Health Centers. We continue to explore data reporting methods with private providers in the extended target area.

3. Obtain Data Missing from Initial Reports

STATUS: Complete.

Two part-time staff were placed at Mission Neighborhood Health Clinic and SF General Hospital to retrieve and complete the entry of missing data from 1992. Data on more than 700 tests conducted in 1992 have been entered into our database. The data will be cleaned and analyzed in July. Connections between environmental and medical case data will also be explored at that time.

4. Utilize Housing Demographics

STATUS: Complete.

Please refer to Quarterly Report #11 for details.

5. Analyze Variables in EBL Cases

STATUS: Complete.

Please refer to Quarterly Report #11 for details.

6. Utilize Data to Identify Target Areas

STATUS: Completed.

Please refer to Quarterly Report #11 for details.





CHILDREN'S  
COUNCIL  
♦ F SAN FRANCISCO ♦

June 29, 1995

Karen Cohn  
Program Manager  
Department of Public Health  
Childhood Lead Prevention Program  
1390 Market Street, Suite 230  
San Francisco, CA 94102

Dear Ms Cohn:

Attached please find our quarterly report on CDC Mini Grant Activities, for the period March 1, through June 30, 1995.

If you have any comments or suggestion on the attached report, please feel free to contact me.

Sincerely,

CHILDREN'S COUNCIL OF SAN FRANCISCO

Lucy S. Vela  
Child Care Development  
& Training Director

LSV:mmc

Attachment

Main Office: One Second St., 4th Floor San Francisco, CA 94105-3407 415-243-0700 FAX: 243-4414

Mission Office: 1398 Valencia St. San Francisco, CA 94110 415-920-7272 FAX: 550-6839

Bayview/Hunter's Point Office: 3450 3rd St. Suite 200 San Francisco, CA 94124 415-920-7280

I. Introduction: Highlights of "Get the Lead Out" project .

- A. Training developed for Mission/Vis Valley child care providers.
- B. A lead poisoning education module for trainings under this program has been developed by the Children's Council.
- C. Parent lead education packets have been produced and distributed.
- D. Child testing verification cards have been produced and distributed to parents through childcare providers.
- E. In support of this program, the Children's Council participated in Vis Valley Street Fair and other health fairs.

II. Implementation of workplan.

Over 70 child care providers have been trained using our own lead poisoning prevention module. Providers were trained by incorporating the training module to the Administrative Strategies training is Spanish that took place on June 10 and 17, 1995. The module has also been incorporated into our monthly California Childcare Providers Health and Safety trainings, and a credit was added to the list of optional requirements for Licensing.

Over 300 potential child care providers have been trained in English and Spanish by incorporating the module in our monthly start-up orientations. These orientations take place every third Wednesday of the month in English, and on the fourth Wednesday every other month in Spanish, starting in March.

The 300 parent lead education packets, which includes the child testing verification cards, were distributed to licensed and potential child care providers during the Administrative Strategies training, the Health & Safety trainings, and the start-up orientations.

The Children's Council of San Francisco participated in the Vis Valley Street Fair on May 20, 1995; and in at St Peter's Housing fair on March 18, 1995.

III. Attached please find copies of the lead module developed for training, flyers of fairs attended, material used in the parent packets, and other material used in connection with our project.

## Training Module

### "Protect your Child from Lead"

This presentation contains:

#### I. INTRODUCTION REMARKS

"Lead poisoning is a very serious health problem in The City. Lead poisoning can cause serious illnesses, especially in children. It is called the 'Invisible Killer'. Awareness and prevention is the best way to reduce the danger of lead poisoning."

#### II. HANDOUTS DISTRIBUTION

Distribute handouts informing trainees that they contain "1) Very good information on some of the things seen in the video; 2) important information to have at hand and to give to parents; and 3) important information yourselves".

#### III. VIDEO PRESENTATION: "Kids at Risk - Getting the Lead out of Your Home"

Video introduction: "The 29 minute video we are about to see is about 'what is lead and where it can be found in our environment; the effect of lead poisoning in children; and, common, lead sources'. It includes 'Lead found in some home remedies; how to rid your home of lead poisoning sources; testing for lead poisoning (blood test)- where to go for testing; nutrition'; and other information."

At this point trainees are requested that, if they have any questions or concerns and would like to share them with the group, "to write them down and they will be discussed at the end of the video presentation".

#### IV. QUESTIONS AND ANSWERS

- A) Open the discussion by asking for comments and reactions from the group - allow ample time for reactions.
- B) Using the hand outs, help the participants find the answers to their questions; and, use the material to emphasize the "Do's and Don'ts of Lead Poisoning".
- C) To review, 1) use the poster "Reducing Lead in Your Home"; and 2) use "A Guide to Help Prevent the Lead Poisoning of Children in San Francisco".

#### V. RESOURCES AND 'POST CARDS'

Distribute resources and information about where to take children for blood tests - CHDP clinics, private doctors, etc. - and

## V. RESOURCES AND 'POST CARDS' (Cont'd)

Distribute the post cards and explain how to use them for their own children and as nice incentives for their parents.

This module can be adapted to a variety of audiences. It is designed for a 45 minute long public program using the enclosed materials:

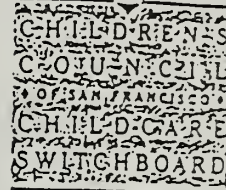
- 1) Videotape "Kids at Risk - Getting the Lead out of Your Home"
- 2) "A Guide to Help Prevent the Lead Poisoning of Children in San Francisco"
- 3) "Reducing Lead in Your Home", Lead Poisoning Prevention Project
- 4) "Lead Poisoning and Your Child", Children's Council of S.F.
- 5) "Childhood Lead Poisoning", Lead Poisoning Prevention Project
- 6) "The Do's and Don'ts of Lead Poisoning", Lead Poisoning Prevention Project
- 7) "Lead in Paint", California Department of Health
- 8) "Lead in Soil", California Department of Health
- 9) "Screening Testing Certificate" postcards, Children's Council of S.F.

Optional:

Lead testing kits



# Lead Poisoning And Your Child



What are the effects of lead poisoning?

Lead poisoning can cause serious illness especially in children. It can effect the brain, kidneys and nervous system. It has been related to learning disabilities and other problems.

How can I find out if my child has lead poisoning?

Most children with lead poisoning do not look or act sick. Ask your doctor to perform a blood test on your children. This is the only way to know if they have lead poisoning. Many private medical insurance policies will cover the cost of the test. If you have Medi-Cal, your regular doctor or clinic can order the blood tests to check for lead poisoning. If your family has no insurance, your children may qualify for free health examinations through the local Child Health and Disability Prevention Program.

What are common lead sources?

Lead is contained in many sources in our environment, both indoor and outdoor. Some sources are: old plumbing pipes which can release lead in drinking water, dust, soil, and in paint manufactured before the 1950s. If you live in public housing, contact your resident housing manager and ask if your housing has been tested for lead paint. Some home remedies and medicines can help cure sick people. However, some of these home remedies contain lead and can make you very sick. Some home remedies are: Azarcon, also known as Rueda, Coral, Maria Luisa. Alarcon and Liga contains lead and is very dangerous! Another remedy that contains lead is called Greta.

## PRECAUTIONS

- How old is your building? If it was built before 1950s, it may contain lead based paint. Has the building been maintained? Such as, has the carpet been vacuumed and is the paint on the wood work in good condition? Has the interior been painted at least twice in the past 10 to 15 year? If so, there is less chance of exposure to lead paint.
- Thoroughly wash walls and woodwork to remove dust.
- Thoroughly clean all furniture, carpets and draperies.
- Wash sidewalks, porches and steps often so the lead-containing soil or dust isn't tracked into the house.
- Make sure the paint on the woodwork and wall is not chipped. If your toddler starts picking or chewing on chipped paint consider having those items stripped professionally.
- Do not use imported or hand-made dishes for serving or preparing food or drink. Do not use dishes made out of Barro. They contain lead.
- Encourage young children to wash their hands before eating.
- Do not put cribs, playpens, beds or high chairs next to areas where paint is chipping.

Lead intake can be detected and prevented. Lead exposure can be corrected or avoided. Have your child's blood-lead level tested periodically. Call your local health department for more information. (415) 554-2786

## COMMUNITY-BASED LEAD SCREENING IN SAN FRANCISCO, 1993

A. Garza, G. Herrick, L. Medina, A. Mayeno, J. Breslin, H. Ahmad

Surveillance data in San Francisco have shown that local provider-based screening of children yields a prevalence of around 8.5% with levels of 10 µg/dL, or greater. In order to provide screening services to the potentially underserved and to compare with prior screening efforts, we undertook a limited community-based screening project in the largely Latino Mission District over a 5-month period in 1993. A total of 418 children were screened, and 81% were Latino. Forty-one (9.8%) had levels of 10 µg/dL, or greater. Of 193 children screened by door-to-door sampling, 24 (12.4%) had elevated levels. Of the remaining 225 children screened at special events and public housing, 17 (7.5%) had elevated levels. By age-group, the highest prevalence was 20% in the 1-year olds from door-to-door screening. In the Mission District, provider-based and door-to-door screening may be equally effective in finding children with lead exposure. Mission district children are likely at higher risk of lead exposure than non-Mission district children as shown by the higher prevalence of elevated lead levels found through provider screening.

### OBJECTIVES

- To identify under-served children aged 9 months to 6 years with lead poisoning
- To provide parents education on preventing lead exposure
- To link (refer) children to comprehensive health care services, and
- To compare provider-based screening to community-based screening

### METHODS

San Francisco's inner Mission District was the target area, where 4,137 children aged under 6 years reside (1990 census data). Approximately 77% of the housing stock in the Mission was built before 1950. The ethnic makeup of the Mission District is largely Latino, mostly from Central America and Mexico, but there is a sizable Asian/ Pacific Islander population. Services were provided mostly in Spanish and English.

Screening was conducted at sites of community-based organizations through special events, at a public-housing project, and door-to-door. The intent was to reach high risk children from families that were least connected to health care, particularly families that had few resources for health care and faced potential barriers such as language and immigration related fears. Areas chosen for door-to-door visits included those around previously identified cases, around occupational or environmental sources of lead, and where homes had visibly deteriorating exterior paint. Special-event sites included low-income child-care centers, food giveaway centers, churches or related program centers, and immigrant/refugee program centers.



A child was excluded from testing if his/her parent, or surveillance records, indicated that she/he had previously been tested. Children who had their primary care provider at one community clinic were excluded because that clinic carries out universal lead screening.

All blood samples were obtained by venipuncture by licensed phlebotomists from a local hospital. Lead analysis, by atomic absorption spectroscopy, was done at two laboratories: the State Environmental Health Laboratory, and the Metals Laboratory at San Francisco General Hospital.

Logs were maintained on the number of residences approached, the number successfully contacted, and the number of children residing in a given dwelling. Consent was received from the parents/guardians for the lead test of each child. Data gathered included child's age, sex, race, nationality of, and language spoken by family, and health access information such as the child's provider, immunization status, date of last check-up, tuberculosis tests, and dental exams.

Children with lead levels of 15 micrograms per deciliter (15  $\mu\text{g}/\text{dL}$ ), or greater, were assigned for routine case management to a Public Health Nurse. This included helping families identify sources of lead for the child, teaching simple measures to prevent further exposure to lead, and monitoring follow-up testing and other medical care. If the lead level was 20  $\mu\text{g}/\text{dL}$ , or greater, an industrial hygienist was also assigned to provide environmental investigation. This included testing various potential sources of lead in the child's environment such as paint, soil, toys, ceramic pots and dishes. Children with no provider or with special health care needs were referred to an appropriate agency for follow-up. All parents/guardians were provided with information on comprehensive health care, on medical facilities available, on eligibility for publicly funded comprehensive well child care (CHDP), and on dental care.

## RESULTS

From July through November of 1993, blood samples were collected from 418 children. Forty-one children (9.8%) had elevated lead levels, i.e., 10  $\mu\text{g}/\text{dL}$ , or greater (Table 1). The prevalence of elevated lead levels through provider-based testing of 583 Mission District children, 1991-1992, was 12.3% (Table 2). The prevalence of elevated lead levels through provider-based testing of 1,521 non-Mission District San Francisco children for the same time period (Table 2) was 6.4%.

The greatest prevalence of elevated lead levels was in the 1 year-old's, at 20%, through door-to-door screening although the number were too small to provide statistical difference between age groups. Twelve (6.2%) of these children had levels of 15 ( $\mu\text{g}/\text{dL}$ , or greater; and two (1.0%) had levels of 20  $\mu\text{g}/\text{dL}$ , or greater (Table 3). Of the 418 children, 193 (46%) were tested through door-to-door screening; of the

remaining 225, 178 (43%) through special-events, and 47 (11%) at a public-housing project.

Approximately 14% of the 338 parents approached through door-to-door refused a lead test. The most common reasons given for refusal were: a sick child, wanted spousal approval, or preferred to get the test done with their child's pediatrician. There was a difference in prevalence of elevated lead by source of sampling. Door-to-door efforts yielded a 12.4% prevalence of lead levels  $\geq 10 \mu\text{g/dL}$ , special-events yielded a 9% prevalence, and public-housing, a 2% prevalence (not shown). The numbers tested are too small to show a statistical difference between the groups, however children screened door-to-door were younger, mean difference of 6 months, than the others.

Of the 338 households approached through door-to-door efforts, roughly 35% were excluded because the children had previously received a lead test through their provider, leaving 65% of the children without prior tests. Based on responses of 279 parents, 95% of the children were up-to-date on their well child examinations according to the CHDP exam schedule. Parents reported that 79% of the 418 children had full Medi-Cal or private insurance coverage, less than 5% had only emergency coverage, and 16% had no coverage. It is estimated that all of these children were eligible for lead testing, as part of regular check-ups, through CHDP, Medi-Cal or private insurance.

## DISCUSSION

This was the first community-based lead exposure screening of children in San Francisco. Unlike the New York experience, door-to-door and provider-based screening prevalence rates were unexpectedly similar. This might be explained, at least in part, by the fact that both types of screening focused on high-risk populations. The door-to-door effort found that high risk children in the Mission District were regularly accessing well child care. In fact, parent reports indicated that all of the participating children had received at least one check-up and that more than 9 out of 10 children were up to date on their well child examinations. Results of provider-based screening in the Mission may be biased by the large numbers contributed by one community clinic that conducts universal screening. Screening by other providers may be focused on children for whom they have a high suspicion of exposure.

The comparison between provider-based results of Mission District and non-Mission District children was interesting. The lower yield of lead poisoning among non-Mission District children may be due to inadequate screening or it may indicate more risk of exposure in the Mission. The Mission District generally has more housing in poor condition than other districts of the city.

The door-to-door sampling produced the highest prevalence among the three schemes. The difference between door-to-door and special-events results may be explained, at least in part, by the difference in ages of the children sampled. Younger



children (especially 1 and 2 year-olds) are at higher risk of exposure than older ones. Another difference may be possibly lower exposures of children from parents motivated enough (self-selection) to attend special events.

The low prevalence in the public housing children was not unexpected. Generally, in San Francisco, public housing is relatively newer than private; exposures of these children at one site would be fairly similar; and the number sampled was too small to make meaningful comparisons.

Table 1  
Childhood Lead Poisoning, Door to Door Screening  
Mission District, San Francisco, Jul. - Nov. 1993

Lead Levels	No	Pct	95% CI
< 10 µg/ dL	377	90.2%	86.8% - 92.9%
10-14 µg/dL	27	6.4%	4.3% - 9.3%
15-19 µg/dL	12	2.9%	1.5% - 5.0%
≥ 20 µg/dL	2	0.5%	0.01% - 1.7%
Total	418	100.0%	

Table 2  
Childhood Lead Poisoning, Provider-Based Screening  
Mission District and non-Mission, Apr. 1991 - Jun. 1992, San Francisco

	Screened	Blood Pb ≥ 10 µg/dL		95% CI
		No	Prev	
Mission	538	72	12.3%	9.8% - 15.3%
non-Mission	1521	97	6.4%	5.2% - 7.7%

Table 3  
Childhood Lead Poisoning, Door to Door Screening  
Mission District, San Francisco, Jul. - Nov. 1993

Lead Levels	No	Prev	95% CI
10-14 µg/dL	12	6.2%	3.2% - 10.6%
15-19 µg/dL	10	5.2%	2.5% - 9.3%
≥ 20 µg/dL	2	1.0%	0.1% - 3.7%
Total	24	12.4%	8.1% - 17.9%

